Name: Unit/Room:

Visit Date/Time:

NYHA Class: I II III IV Stage: A B C D

Echo Date/Time: EF: Hypertrophy:

 Valvular Function:

HF Classification: HFrEF HFmrEF HFpEF Dysfunction: Syst Dias

Precipitant(s) chronic:

Precipitants(s) acute:

ProBNP: Date/Time: GFR:

CC/HPI: QRSd:

PE:

 LOC:

 Skin/ overall appearance:

 Complaints:

 Resp status:

 JVD: LE Edema:

Funct. Status: patient can do without DIB:

Education Provided to \_\_\_\_\_ Patient \_\_\_\_\_\_Other(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HF Booklet:

 HF Patient Daily Self-Check Management tool (explained): Y N

* Daily Weight \_\_\_\_\_\_ Sodium Restriction \_\_\_\_\_\_ Role of each Med \_\_\_\_\_\_
* Importance of Med compliance \_\_\_\_\_\_ Alcohol / tobacco avoidance \_\_\_\_\_\_

 Website provided: Y N (type of internet access patient has):

Follow-up Appointment(s) made: