

Heart failure disease management program Heart failure patient chart

Name:					
Patient ID number:					
Demographic Information					
Enrollment date:	MM/DD/YYYY HF-clinic site:				
Patient's information					
Patient name:					
Gender:	Male Female Date of birth: MM/DD/YYYY				
Address:					
Mobile No:	Home No:				
Healthcare progra	am:				
Caregiver's information	mation				
Caregiver name:					
Relationship:					
Mobile No:	Home No:				
Heart failure tear	m information				
HF nursing specia	alist:				
Primary physician					
Referral physiciar	n:				
Additional membe	ers:				



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Medical Information

Past med

HF diagnosis date:	MM/	DD/YYYY	Ejection fraction	:
HF management			Name	and dose
ACEIs	Yes	No		
ARBs	Yes	No		
ARNI	Yes	No		
Beta-blockers	Yes	No		
Diuretics	Yes	No		
Ivabradine	Yes	No		
Digoxin	Yes	No		
MRAs	Yes	No		
Hydralazine/nitrate	Yes	No		
Anticoagulation	Yes	No		
CRT	Yes	No		
ICD	Yes	No		
ical history				
•	المال المالية	- list	No. 11	- medication list
Non-HF problem list			INOII-HE	- medication list



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Date of visit

MM/DD/	(YYY			
Height:	Weight:			
Blood pressure:	Pulse: O ₂ sat:			
Symptoms:				
NYHA class:	I II III IV Smoking Yes No			
Leg edema:	0 +1 +2 +3 +4			
Hospitalization dat	te: MM/DD/YYYY Length of stay:			
Laboratory tests				
Na:				
K:				
Cr:				
BNP/NT-proBNP:				
WBC:				
Hb:				
Hct:				
Ferritin:				
TSAT:				
EKG available	Yes No Echocardiography available Yes No			
	Cardiac cath available Yes No			
Last ejection fraction	on: % and date: MM/DD/YYYY			
Teaching by HF nurse specialist (select all applicable)				
Low salt diet				
Daily weight	Water intake			
Daily exercise	e Vital signs monitoring			