



BC'S HEART FAILURE NETWORK  
Quality care for quality life.

Name \_\_\_\_\_

Date \_\_\_\_\_

**PHYSICAL EXAM**

<b>Weight</b>	Last Visit	Current		Dry		
<b>Vital Signs</b>	B/P Lying	Standing	HR	O2 Sat	Waist Circumference (cm)	
<b>Heart Sounds</b>	S1 (circle)	S2	S3	S4	Murmurs Grade	Murmur Location/Radiation
<b>Lungs</b>	Clear	Crackles <1/4 >1/2 (circle)		JVP (cm)	Ascites	
<b>Edema</b>	+1 (circle)	+2	+3	+4	Fluid Volume (circle one) Euvolemic Dry Overloaded	

<b>Activity</b>	Type:	Time/day: _____ Minutes
		Days/wk: 1 2 3 4 5 6 7

<b>NYHA Class</b>	I (circle)	II	III	IV	N/A
	No Sx	No Sx at rest	Comfortable only at rest	Sx at Rest	

<b>Chest XRay:</b>	EF Date: Echo MIBI MUGA (circle)
Date:	

<b>Clinical Status</b>	Better	Same	Worse	Stable:	Yes	No
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**EDUCATION**

<b>Topic:</b>	Yes	MD (Directives and/or plan of care)
Disease		
Medications		
Fluid		
Salt		
Activity/Exercise		
Smoking		
Travel		
Stress Management		

**MEDICATIONS**

<b>Type:</b>	<b>Medication:</b>	<b>Notes/Changes:</b>
Diuretic:		
ACE/ARB:		
Beta Blocker:		
Other:		