

Heart Failure Clinical Assessment

Patient Name _____ MR# _____

Communications regarding scheduling education:

Physician communicating with _____

Other Physicians patient sees _____

Information obtained from MD (or attach e-mail):

Current Diuretic and dosage: _____

At what times of the day is the patient instructed to take it (circle one)? **AM** **AM/PM** **PM only**

Proposed diuretic adjustment (refer to [Diuretic Adjustment Algorithm](#))

If weight gain of 4-7 lbs _____

If weight loss of 4-7 lbs _____

Is the patient euvolemic today (at a weight that is not considered fluid overload or dehydrated)?
(Refer to [Assessing Volume Overload in Heart Failure Patients](#) for guidance)

Yes No Comments _____

Is the patient safe to engage in modest amounts of physical activity like walking 5-30 minutes?

Yes No Comments _____

Physician Signature

Date

If euvolemic: Date of euvolemia assessment _____

weight _____ lbs. (check scale needed)
Scale Size - regular scale large scale two scales

Location of scale they were weighed on _____

Reminder call communications:
