

## Patient Contact Information

Patient Name: \_\_\_\_\_

Phone Contact: \_\_\_\_\_

Alternate Contact of Family or Friend: \_\_\_\_\_

Date of Session: \_\_\_\_\_ Educator name: \_\_\_\_\_

MD Name & Phone: \_\_\_\_\_

<b>Initial Training Summary Information:</b>
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Who attended Initial Training: \_\_\_\_\_

Diuretic Name / Dosage: \_\_\_\_\_

Did patient have water pill bottle at initial session: Y / N

Target Weight: \_\_\_\_\_

Initial assessment of ability to self-adjust diuretic: \_\_\_\_\_

### Summary Notes:

Medication: \_\_\_\_\_

Salt: \_\_\_\_\_

Exercise: \_\_\_\_\_

Other notes: \_\_\_\_\_

\_\_\_\_\_

### Daily Water Pill Plan return log:

Month	Date Due	Received	Month	Date Due	Received
Month 1			Month 7		
Month 2			Month 8		
Month 3			Month 9		
Month 4			Month 10		
Month 5			Month 11		
Month 6			Month 12		