

Heart Failure Flow Sheet

Name

HF Flow Sheet

	Date	Date	Date	Date	Date	Date	Date	Date
Blood Pressure								
Pulse								
Weight								
1. Interference <i>0 = None, 4 = Extreme</i>								
2. Compared to last <i>0 = Much better, 4 = Much worse</i>								
3. Max activity								
4. Exercise (min/wk)								
Diuretic dose Diuretic: _____								
ACE dose ACE: _____								
B Blocker dose B blocker: _____								
Labs								

Instructions: Write the descriptions of burden and compare questions from the Follow-Up Questionnaire in the blocks. Write the highest numbered activity circled (they are in the rough order of intensity). Check that the patient is currently taking the doses of the listed drugs prescribed and enter in the block for the last visit – if not, record the changes made in the progress note. Use the blocks for today’s date to list the new doses (if changes are made) of the listed drugs.

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