

◆ = MANDATORY / BASELINE FIELDS

◆ PATIENT NAME		◆ HEALTH # (E.G. BC PHN)		◆ DATE OF VISIT (DD-MMM-YYYY)	
◆ BIRTHDATE (DD-MMM-YYYY)		◆ GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		◆ PHONE (INCLUDE AREA CODE)	
PRACTICE TEAM ID		◆ PROVIDER ID (MSP PRACTITIONER NUMBER / NAME)			
CO-MORBID CONDITIONS <input type="checkbox"/> ALCOHOL OVERUSE <input type="checkbox"/> CARDIOMYOPATHY <input type="checkbox"/> DIABETES <input type="checkbox"/> LIVER DISEASE <input type="checkbox"/> SMOKING <input type="checkbox"/> ARTHRITIS <input type="checkbox"/> CAD <input type="checkbox"/> HYPERTENSION <input type="checkbox"/> OBESITY <input type="checkbox"/> STROKE - CVD <input type="checkbox"/> ASTHMA <input type="checkbox"/> COPD <input type="checkbox"/> KIDNEY DISEASE <input type="checkbox"/> OTHER RHYTHM PROBLEM <input type="checkbox"/> SUBSTANCE ABUSE <input type="checkbox"/> ATRIAL FIBRILLATION <input type="checkbox"/> DEPRESSION <input type="checkbox"/> LIPID ABNORMALITY <input type="checkbox"/> PVD <input type="checkbox"/> VALVULAR HD					
◆ DIAGNOSIS: TYPE OF HEART FAILURE <input type="checkbox"/> SYSTOLIC <input type="checkbox"/> DIASTOLIC <input type="checkbox"/> UNKNOWN			TYPE OF HEART FAILURE:		DATE OF DIAGNOSIS (DD-MMM-YYYY)

PATIENT DATA, BY DATE

✓ = RECALL

REVIEW		MOST RECENT DATA			NEW DATA
PHYSIOLOGY	BP (SEATED) Enter value, e.g. 120/80				ENTER VALUE /
	WEIGHT (OFFICE AND PT. DIARY)				<input type="checkbox"/> LBS <input type="checkbox"/> KG
	INTAKE: Na				<input type="checkbox"/> REVIEWED
	INTAKE: FLUID				<input type="checkbox"/> REVIEWED
	ACTIVITY LEVEL				<input type="checkbox"/> REVIEWED
MEDICATIONS *	◆ ACE-I				<input type="checkbox"/> YES <input type="checkbox"/> TRIED OR <input type="checkbox"/> NO <input type="checkbox"/> NOT SUITABLE
	◆ B-BLOCKERS				<input type="checkbox"/> YES <input type="checkbox"/> TRIED OR <input type="checkbox"/> NO <input type="checkbox"/> NOT SUITABLE
	◆ ARB				<input type="checkbox"/> YES <input type="checkbox"/> TRIED OR <input type="checkbox"/> NO <input type="checkbox"/> NOT SUITABLE
	DIURETICS				<input type="checkbox"/> YES <input type="checkbox"/> TRIED OR <input type="checkbox"/> NO <input type="checkbox"/> NOT SUITABLE
	OTHER MEDICATION(S) NUMBER				ENTER VALUE
LAB / DIAGNOSTICS	◆ EJECTION FRACTION Enter % and indicate source				% <input type="checkbox"/> RNV <input type="checkbox"/> ECHO <input type="checkbox"/> OTHER
	NA (mmol/L) ** Enter value, e.g. 143				ENTER VALUE
	K (mmol/L) ** Enter value, e.g. 4.1				ENTER VALUE
	CREATININE (umol/L) ** Enter value, e.g. 128				ENTER VALUE
SELF MGMT	◆ SELF-MANAGEMENT VISIT				<input type="checkbox"/> REVIEWED
	◆ SELF-MANAGEMENT VISIT (DIURETICS)				<input type="checkbox"/> YES <input type="checkbox"/> NOT DIURETIC <input type="checkbox"/> NO <input type="checkbox"/> TNS
OTHER	◆ CHF RELATED HOSPITALIZATION(S) SINCE LAST VISIT				<input type="checkbox"/> YES
	FLU VACCINATION				DATE (DD-MMM-YYYY) <input type="checkbox"/> INAPPROP/REFUSED

* REVIEW MEDICATIONS FOR TARGET DOSE, EFFECTIVENESS, AND SIDE EFFECTS PER THE HF CARE GUIDELINE

** REVIEW LAB ITEMS PER THE HF CARE GUIDELINE

COMMENTS