

Heart Failure Office Visit Checklist

Complete this form and take to your follow up appointment.

Prepare for your medical appointments (Doctor, home health, therapy)
by completing the following checklist:

1. Since my last hospital discharge/last medical appointment:

I have more energy I have less energy My energy level is the same

2. It is harder to do the following activities because of my breathing or fatigue:

3. My breathing has been worse than usual Yes No

4. I am coughing more than usual Yes No

5. I have gained 5 pounds in one week Yes No

6. My feet, ankles or stomach have been swelling Yes No

7. I have had tightness in my chest Yes No

8. My symptoms have affected my sleep Yes No

9. I have been to the emergency department
or urgent care for my symptoms since my
hospital discharge/last office visit Yes No

10. I have felt my heart race or have felt faint Yes No

11. I have been weighing myself daily Yes No

12. I have been taking my medications daily Yes No

My Questions Are:

