

Heart Failure Health Log

Use this helpful health log to keep track of your information.
Take it with you to review with your doctor at your next visit.

Doctor _____ Phone _____

Hospital _____ Phone _____

Pharmacy _____ Phone _____

Emergency Contact _____ Phone _____

| Doctor Exam | Discuss goals with my doctor | My Goal | Date/My Number | Date/My Number | Date/My Number |
|--|------------------------------|---------|----------------|----------------|----------------|
| Blood Pressure (<i>every visit</i>) | | | | | |
| Weight (<i>every visit</i>) | | | | | |
| Heart rate (<i>every visit</i>) | | | | | |
| Heart function test (<i>ejection fraction</i>) | | | | | |
| Kidney tests (<i>creatinine and chronic kidney disease stage 0-5; at least yearly; may be needed more often</i>) | | | | | |
| Potassium level (<i>at least yearly; may be needed more often</i>) | | | | | |
| Fluid limit | | | | | |
| Salt limit | | | | | |

Signs that may mean your heart failure is getting worse:

1. Swelling in my feet, ankles or stomach.
2. Sudden rise in my weight.
3. Changes in my breathing.
4. Feeling more tired and weak than usual.

If you have any of these signs, contact your doctor.

Heart Failure Health Log continued

| Vaccination | Date | | |
|---|------|--------|-----------|
| Influenza (flu) (yearly) | | | |
| Pneumonia (ask your doctor) | | | |
| Possible medicine or Heart medications | Name | Dosage | Frequency |
| ACE Inhibitor or ARB* (blood pressure/heart) | | | |
| Beta-Blocker* (blood pressure/heart) | | | |
| Diuretic* (water pill) | | | |
| Other Medicine | | | |
| Other Medicine | | | |
| Other Medicine | | | |
| Other Medicine | | | |
| Other Medicine | | | |
| Other Medicine | | | |

*Ask your doctor if this type of medicine is right for you.

| | | | |
|-------------------|-------|-------|-------|
| Next Office Visit | Date: | Date: | Date: |
|-------------------|-------|-------|-------|