

Heart Failure Health Log



Keep track of your information with this Health Log. Be sure to bring it with you when you visit your doctor.

Doctor _____ Phone _____

Hospital _____ Phone _____

Pharmacy _____ Phone _____

Emergency contact _____ Phone _____

Doctor exam	Standard goal	My goal	Date/ My number	Date/ My number	Date/ My number
Blood pressure (every visit)	Less than 130/90				
Total cholesterol (yearly)	Less than 200				
LDL (bad) cholesterol (yearly)	Less than 100				
HDL (good) cholesterol (yearly)	More than 60 to protect your heart				
Triglycerides (yearly)	Less than 150				
Current weight (every visit)					

Signs that may mean my heart failure is getting worse

- I gain ____ pounds overnight or ____ pounds in ____ days. *Ask your doctor when to call.*
- I have shortness of breath, especially lying down or when up and around.
- I feel more tired and weak than usual.
- I have swelling in my feet, ankles or stomach.
- I feel dizzy or faint when standing up quickly.

These tips are for your information only. Don't use these tips instead of your doctor's care. Your doctor's care comes first.

Heart Failure Health Log *continued*

Vaccination	Date		
Influenza (flu) <i>(yearly)</i>			
Pneumonia <i>(ask your doctor)</i>			
Medicine	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:
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