Talk to your doctor

How do you make the most of your time with the doctor? Print out this form to help guide the discussion of Heart Failure at your next appointment and record the doctor’s comments. And always make sure the doctor knows how involved you want to be in your treatment.

1. Understand your Heart Failure

How serious is my Heart Failure? □ Mild □ Moderate □ Severe

In what ways does having Heart Failure increase my health risks?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

What is the effect of HF on other conditions that I may have and will any of my other conditions have an effect on Heart Failure?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________

Would any of the following lifestyle changes help me to better manage Heart Failure?

□ Managing my weight □ Eating better □ Quitting smoking

2. Identify your Heart Failure needs

Am I a candidate for Heart Failure cardiac rehabilitation?

□ Yes □ No

Are there any remaining tests we need to do to learn more about my heart function? If so, which ones?

____________________________________________________________________________
____________________________________________________________________________
____________________________________________________________________________
3. Explore Heart Failure treatment
What are the most important things I can do to manage my Heart Failure?
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
What should I expect in the coming weeks, months, or years?
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
What kind of activity should I be doing?
________________________________________________________
________________________________________________________
________________________________________________________
________________________________________________________
Are any activities off limits for me right now? (List specific concerns, like exercise, sex, housework.) Am I a candidate for Heart Failure cardiac rehabilitation? __________________________________________
________________________________________________________
________________________________________________________
________________________________________________________

4. Discuss your Heart Failure symptoms
Check your symptoms from this list of those commonly associated with Heart Failure

**Shortness of breath with everyday activities** □ New  □ Ongoing
**Swelling in legs, feet, and ankles** □
**A dry, hacking cough that doesn’t go away** □
**Feeling tired** □
**Trouble sleeping when you lie flat** □
**Rapid weight gain (3 or more pounds in a day)** □
Talk to your doctor  (Cont)

Which symptoms or problems should I let you know about between appointments?

__________________________________________________________

__________________________________________________________

__________________________________________________________

5. Questions about medicine

Will I be taking medication for Heart Failure?

☐ Yes  ☐ No

What do we hope the medication will do for me?

__________________________________________________________

__________________________________________________________

__________________________________________________________

What will be the likely result if I don’t take it?

__________________________________________________________

__________________________________________________________

__________________________________________________________

Do you have other questions for your doctor? Write them here.

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________

__________________________________________________________