

McLAREN AMBULATORY CARE CENTER  
**CONGESTIVE HEART FAILURE (CHF) MANAGEMENT**

Smoker:  Yes  No      Date Ceased: \_\_\_\_\_

<b>Each Visit (Date)</b>									
CHF Education									
Weight									
BMI									
Blood Pressure									
Smoking Ed/Rx									

<b>Annual Tests/Exams (Date)</b>									
Height									
CBC									
UA									
Electrolytes									
Bun									
Creatinine									
Glucose									
Magnesium									

<b>Medications</b>									
Ace Inhibitor									
Beta Blocker									
Diuretic									

<b>Miscellaneous (Date)</b>									
Echocardiogram/ Ejection Fraction									
Flu Vaccine									
Pneumonia Vaccine									
Cardiologist Referral									

Referrals/Comments: \_\_\_\_\_

\_\_\_\_\_