



Affix Patient I.D. Here

DATE 06

1 Date of physical exam: \_\_\_/\_\_\_/\_\_\_  
mo dy yr

2 Height: 115-242 \_\_\_ cm. or 45-94 \_\_\_ in. HEIGHT 06

3 Weight: \_\_\_ kg. or \_\_\_ lbs. WEIGHT 06

4 Sitting heart rate: \_\_\_ bpm. HR 06

5 Sitting blood pressure: \_\_\_/\_\_\_ mmHg  
SYSBP 06 DIASBP 06

SYMPTOMS

Are the following present?

yes no

- 6 <sub>1</sub> <sub>2</sub> Shortness of breath SOB 06
- 7 <sub>1</sub> <sub>2</sub> Fatigue FATIG 06
- 8 <sub>1</sub> <sub>2</sub> Orthopnea ORTHOP 06
- 9 <sub>1</sub> <sub>2</sub> Paroxysmal nocturnal dyspnea DYPSN 06

SIGNS

yes no

- 10 <sub>1</sub> <sub>2</sub> Jugular venous distention (> 10 cm H<sub>2</sub>O) VDISTN 06
- 11 <sub>1</sub> <sub>2</sub> Pulmonary rales RALES 06
- 12 <sub>1</sub> <sub>2</sub> S3 S3 06
- 13 <sub>1</sub> <sub>2</sub> Edema EDEMA 06
- 14 <sub>1</sub> <sub>2</sub> Murmur MURMUR 06

If YES, check all that apply:

- 15 <sub>1</sub> Mitral regurgitation MITREG 06
- 16 <sub>1</sub> Other (specify) OTHMUR 06



CONGESTIVE HEART FAILURE

17 Is CHF present at time of baseline?  
<sub>1</sub> Yes <sub>2</sub> Suspected <sub>3</sub> No <sub>9</sub> Unknown CHF 06

18 If YES or SUSPECTED  
What is the NYHA classification: NYHA 06  
<sub>1</sub> I <sub>2</sub> II <sub>3</sub> III

\_\_\_\_\_  
Name of person filling out form

\_\_\_\_\_  
Code Number