

WEIGHT MANAGEMENT TOOL FOR PATIENTS WITH HEART FAILURE

Patient name and Last 4: _____ Date: _____

Nurse Name & Phone Number: _____ Primary Care Provider & Phone Number: _____

HF Clinic/Cardiology Provider & Phone Number: _____

After hours VA nurse help line: _____

My Usual Diuretic (Water Pill): _____



Weigh Yourself Every Morning After Going to the Bathroom and Follow the Chart Below

