CHAN HEART RHYTHM INSTITUTE

phone:480-773-222 fax :480-378-2440
www.chanheartrhythm.com

DATE (Month/Day)____/____

Difficulty Breathing ❑ Yes ❑ No

Fatigue ❑ Yes ❑ No

Swelling ❑ Yes ❑ No

If so where _____

Heart Rate _____(BPM)

Appetite ❑ Yes ❑ No

Dizziness ❑ Yes ❑ No

Weight (Lbs) _____LBS

Blood Pressure _____

Coughing / Wheezing ❑ Yes ❑ No

Chest Pain ❑ Yes ❑ No

Liquid Consumed _____

Amount Consumed_____

Liquid Consumed _____

Amount Consumed_____

Liquid Consumed _____

Amount Consumed_____

Notes

Medication specific to treating Congestive Heart Failure

Generic Name	Brand Name	Strength Dose	Quantity Dose	How Often
❑ Lisinopril	Prinivil			
❑ Ramipril	Altace			
❑ Quinapril	Accupril			
❑ Enalapril	Epaned			
❑ Benazepril	Lotensin			
❑ Fosinopril	Monopril			
❑ Carvedilol	Coreg			
❑ Metoprolol	Toprol			
❑ Nebivolol	Bystolic			
❑ Atenolol	Tenormin			
❑ Furosemide	Lasix			
❑ Bumetanide	Bumex			
❑ Hydrochlorothiazide/HCTZ	Microzide			
❑ Metolazone	Zaroxolyn			
❑ Triamterene/HCTZ	Dyazide, Maxzide			
❑				

Sodium Log

Breakfast- Food eaten_____Amount_____Sodium mg____ | Snack- Food eaten_____Amount_____Sodium mg____

Lunch - Food eaten_____Amount_____Sodium mg____ | Snack- Food eaten_____Amount_____Sodium mg____

Dinner - Food eaten_____Amount_____Sodium mg____ | Snack- Food eaten_____Amount_____Sodium mg____

Changes made:

Activity Log

What I did	Total Minutes of Activity	Total Steps per day