

2. If the patient has or ever had heart failure or cardiomyopathy:
 a. Is this patient's condition characterized as predominantly:

Systolic dysfunction.....
 Diastolic dysfunction.....
 Mixed
 Not Determined

b. Estimated LVEF (worst): %

b.1. If LVEF is not specifically available, estimate LV function:

Normal.....
 Decreased mildly
 Decreased moderately.....
 Decreased severely

c. Estimated date of onset or diagnosis (month/year): /

3. Has this patient ever had (check all that apply):

Atrial fibrillation on an ECG?.....
 Angina pectoris?.....
 Pulmonary rales on a physical examination?.....
 Previous MI?
 Rhonchi on a physical examination?
 Other coronary heart disease?
 None of the above?

4. Was s/he prescribed treatment specifically for heart failure during the past year?

Yes.....
 No

5. Was this patient prescribed any of the following during the past year (check all that apply):

ACE inhibitors
 Aldosterone blocker.....
 Alpha blockers.....
 Amiodarone / Antiarrhythmics.....
 Angiotensin II receptor blockers.....
 Anticoagulants.....
 Aspirin / Antiplatelets.....
 Beta blockers
 Calcium channel blockers.....
 Digitalis
 Diuretics
 Hydralazine
 Lipid-lowering agents.....
 Nitrates.....
 Other antihypertensives.....

6. Form completed by:

MD
 Other

7. Date:

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Month			Day			Year			