



Road to Wellness  
P.O. Box 13447  
Macon, GA 31208-3447  
478-314-2427 or 1-800-648-7563 option 5  
Email: [wellness@shpg.com](mailto:wellness@shpg.com)  
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### Heart Failure Assessment

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It is time to complete your assessment for the Road to Wellness Program. Please take time now to answer these few questions and return this form to the address or fax number above. You can also email it to [wellness@shpg.com](mailto:wellness@shpg.com).

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**CURRENT PHONE NUMBER:** \_\_\_\_\_

1. Have you had a physician office visit for your HF in the last 6 months?  Yes  No
  
  2. Have you had the following lab tests completed?
    - a. Complete Blood Count (CBC) in the last year?  Yes  No
    - b. Electrolytes every 6 months?  Yes  No
    - c. BUN and creatinine every 6 months?  Yes  No
    - d. Digoxin level (if appropriate) every 6 months?  Yes  No
  
  3. Do you have swelling in your legs, ankles, or feet?  Yes  No
  
  4. Has your doctor told you to restrict the amount of fluids you consume each day?  
 Yes  No If yes, how much fluid is recommended each day? \_\_\_\_\_
  
  5. Do you have any shortness of breath while at rest, not related to exercise or exertion?  
 Yes  No
  
  6. If you take digitalis ("Dig" or "Digoxin"), a drug that strengthens the contraction of the heart muscle, do you check your pulse before each dose?  Yes  No  
(Some doctors recommend skipping the dose if your pulse is below 60)
  
  7. Do you weigh yourself daily?  Yes  No What is your current weight? \_\_\_\_\_
  
  8. Have you had any changes in your heart failure medications?  
 Yes  No If yes, please list changes \_\_\_\_\_
  
  9. Have you achieved your current heart failure goal?  Yes  No
  
  10. What goal do you want to achieve for your heart before your next follow-up contact?  
\_\_\_\_\_
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Thank you for taking the time to complete this questionnaire. We wish you continued success on your Road to Wellness!