Medical/Medication history

Please use this sheet to record important changes in your medical condition that you should report during your CHF clinic visits. This information will help your doctors and nurses to better manage your care.

Hospitalizations

Date: *(From)* _____ *(To)* _____

Date: _____

Date: _____

Emergency room

Date: _____

Date: _____

Date: _____

Date: _____

Doctor's visits

Date: _____

Date: _____

Date: _____

Regular medications	Discontinued medications	New medications

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