

#### Doctor's details

Name

Address

POSTCODE

Phone number

Mobile number

Email address (if applicable)

#### Cardiologist details

Name

Address

POSTCODE

Phone number

Mobile number

Email address (if applicable)

## The MBF Congestive Heart Failure Personal Health Record

Keeping a close eye on every aspect of your general health is especially important if you have CHF. Use the charts provided here to record your personal health details including the dates and results of your regular check-ups. Please use this Personal Health Record as a reminder of when your next doctor's visit is due.

#### Your details

Membership/policy number

Medicare number

Surname

First name

Initial

Title

Contact person in an emergency

Contact's phone number



# List of medications

(Place an "X" at the time slot when you have been advised by your doctor to take your medication)

Drug Name	Dose	Breakfast	Mid-morning	Lunchtime	Mid-afternoon	Dinner	At bedtime
1.							
2.							
3.							
4.							
5.							
6.							

7.							
8.							
9.							
10.							
11.							
12.							
13.							
14.							















# Physical activity program

## Week 1

Day	Type of activity	Duration of activity
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

## Week 2

Day	Type of activity	Duration of activity
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

# Physical activity program

## Week 3

Day	Type of activity	Duration of activity
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

## Week 4

Day	Type of activity	Duration of activity
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		