



Provided by



# The 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

Policy number

Medicare number

Surname

First name

Initial

Title

Contact person in an emergency

Contact's phone number







# Height

| MEASUREMENT | DATE |
|-------------|------|
|             |      |

# Weight

Weight gain often means that fluid is building up in your body. 1 kg of weight = 1 litre of body fluid. Weighing yourself every day lets you know if you are retaining excess fluid. Weigh yourself at the same time each morning as part of your daily routine.

- Step 1. Wake up
- Step 2. Go to the toilet
- Step 3. Weigh yourself with the same type of clothing on
- Step 4. Record your weight in your Personal Health Record

| DATE | WEIGHT | ACTION REQUIRED |
|------|--------|-----------------|
|      |        |                 |
|      |        |                 |
|      |        |                 |
|      |        |                 |
|      |        |                 |
|      |        |                 |
|      |        |                 |
|      |        |                 |
|      |        |                 |
|      |        |                 |

Note: IF YOUR WEIGHT INCREASES BY MORE THAN 1.5KG IN 24 HOURS (or 2KG if you know your weight fluctuates more than this normally), CALL YOUR DOCTOR OR HEART FAILURE NURSE











# 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    |                  |                      |

### 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)

**133 234**

[nrma.com.au](http://nrma.com.au)

NRMA Health Insurance is provided  
to you by Bupa Australia Pty Ltd  
ABN 81 000 057 590 trading as MBF.

G012363 06/10