Your REACH CHF Program Admission Information

The following chart may seem overwhelming at first. But as you work through the REACH CHF Program, you will become more familiar with the terms listed below and the ways in which they affect your overall health as well as your risk of hospital readmission. This table includes many of the factors that the REACH team will take into account when meeting you for the first time and calculating your readmission score. We will work with you and your family to increase your knowledge of the disease process, risk factors, and ways that you can help to monitor and improve your health status. We encourage you to ask questions along the way so that when you are able to return to your own home you can be confident in the management of your own health.

General					
Age		**DOB**		**Gender**	☐ Male ☐ Female
Ethnicity	☐ Hispanic or Latino ☐ Non Hispanic or Latino	**Race**	☐ American Indian or Alaska Native ☐ Asian ☐ White ☐ Black or African American ☐ Other: _______________		
Reason(s) for Admission	☐ New-onset HF ☐ HF exacerbation ☐ Refractory HF ☐ Arrhythmia ☐ Noncompliance–meds ☐ Noncompliance–diet ☐ Volume overload ☐ Overdiuresis ☐ Other__________________				
Allergies	☐ NKDA ☐ Allergies:				
Cardiovascular History					
Sleep Apnea	☐ CPAP ☐ BiPAP ☐ Oral appliance ☐ Untreated ☐ None				
Coronary Artery Disease (CAD)	☐ PTCA date: _________ ☐ CABG date: _________ ☐ None ☐ Stent Placement date: _________ type: _________				
Atrial Fibrillation	☐ History of cardioversion ☐ History of ablation ☐ Current anticoagulation therapy ☐ Current antiarrhythmic therapy ☐ Most recent documented rhythm: _________________________ Date: ______________				
Stroke	☐ CVA ☐ TIA ☐ Residual symptoms: ______________________ ☐ None				
Valve Disorders	☐ Aortic Stenosis ☐ Other: ___________________________________ ☐ None				
Other	☐ Diabetes mellitus ☐ COPD ☐ Dementia ☐ History of in-hospital cardiac arrest ☐ None				
Device	☐ AICD ☐ Loop Recorder ☐ Holter Monitor ☐ None ☐ Pacemaker ☐ Event Monitor ☐ Company Name: ______________________				
Family History	☐ Cardiac Arrest ☐ Heart Failure ☐ CAD/MI ☐ HTN ☐ DM ☐ Hyperlipidemia				
Additional Risk Factors					
Tobacco Use	☐ Current or quit in past 1 year ☐ Former (quit ≥ 1 year ago) ☐ Nonsmoker ☐ Average daily cigarette use: _______ ☐ Number of years smoked: __________ ☐ Pack-years (packs per day x years smoked): __________				
Current Symptoms					
☐ Dyspnea ☐ Fatigue ☐ Orthopnea ☐ Peripheral Edema ☐ Rales ☐ Hepatomegaly ☐ Ascites ☐ S3 or S4 Gallop ☐ Other: __________________					
Numbers to Know					
Readmission Risk Score		**NYHA Class**	☐ I ☐ II ☐ III ☐ IV		
LV EF	__________%	Date Obtained: __________	Source: ☐ Echo ☐ Nuclear ☐ Cath		

© 2019 Elite Cardiology Solutions