



HEART FUNCTION CLINIC (250-519-1601)

HEART FUNCTION LOG SHEET

Name _____ Fluid Restriction _____ cups/ounces/mls 1 cup = 8 oz = 250 ml

Goal/Dry Weight _____

Date	Daily Weight (before breakfast)	Daily Fluid Intake Total	Activity/Exercise (in time or distance)	Symptoms/ Medication Changes
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

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Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

Note the following signs & symptoms that may mean worsening heart failure or fluid retention: **SHORTNESS OF BREATH, WEIGHT GAIN OR LOSS, FATIGUE, SHORTNESS OF BREATH WHILE LYING DOWN AT NIGHT, ANKLE SWELUNG, or ABDOMINAL SWELLING OR BLOATING.**

If you gain 2 lb/ day x 2 days or 5 lb in a week, please call your physician or the Heart Function Clinic.../Page 1 of 2



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