

Heart Failure Proforma - MDT

Name

Hosp. No:

DOB:

Gender:

MDT Date:

Consultant:

Outpatient/Inpatient Ward:

Referrer

Relevant Medication:

LV: Good/Mild/Mod/Severe EF:____% Date: Valves:

BNP: NYHA CLASS I/ II/ III/ IV FEV1:

Smoker (Y) (N) (EX) Diabetes ☐ (Insulin/Tablet/Diet)

COPD ☐ Hypertension ☐ Family History:

PVD ☐ CVA/TIA ☐ PAF/AF ☐

Anticoagulation: Yes/No If Yes: Warfarin/Other: BP: Pulse:

Weight: Na+ K+ Urea Creat: eGFR: Hb

Other Comorbidities/Details/Current Symptoms

Question(s) to be answered by MDT:

MDT OUTCOME:

Medical Rx ☐

Further Investigation ☐

Clinic Review ☐

Accepting Consultant:

Plan/Details:

Letter Dictated: Yes ☐ No ☐