**FOLLOW-UP ASSESSMENT**

**LETTER**

Community Cardiology and Respiratory Service

Heart Failure team

Email: [imperial.hfu@nhs.net](mailto:imperial.hfu@nhs.net)

Telephone: 0203 312 3290

HFSN contact: [name], [phone], [email]

Date: [insert date]

**Dear Dr**

**FOLLOW-UP ASSESSMENT**

Date of follow-up assessment:

Remote uptitration / monitoring status:

|  |  |
| --- | --- |
| **Plan for GP** | [INSERT TEXT]  **Please code as:** |
| **Patient care plan** | **Patient stated goals:**  [INSERT TEXT]  **Patient agreed actions towards goals:**  [INSERT TEXT] |
| **Plan for Heart Failure Clinical Specialist** | Prevention of admission – Yes / No |

**EXAMINATIONS**

|  |  |
| --- | --- |
| BP sitting |  |
| BP standing |  |
| Heart rate sitting |  |
| Weight |  |
| SaO2 |  |

**SYMPTOMS**

Dyspnoea: Dyspnoea at rest

Chest pain: Chest pain on exertion

**RESPIRATORY ASSESSMENT**

Breathlessness:

Chest auscultation observations:

Oxygen saturations:

New York Heart Association classification - class

**MEDICATIONS**

[insert text]

**BLOOD TEST RESULTS**

[insert text]

**NEXT APPOINTMENT**

[insert date, location, time]

Please do not hesitate to contact me should you require any further information regarding this patient.

Yours sincerely,

Heart Failure Nurse

**Key contact information**Routine advice community HF team :[imperial.hfu@nhs.net](mailto:imperial.hfu@nhs.net)General cardiology email advice: [Imperial.cardiologyadvice@nhs.net](mailto:Imperial.cardiologyadvice@nhs.net)Community Independent service: [**cis.3borough@nhs.net**](mailto:cis.3borough@nhs.net) HF team: Charing Cross: 0203 313 0223 | St Marys: 0203 312 3242 | Hammersmith: 0203 313 1697