**FOLLOW-UP ASSESSMENT**

**LETTER**

Community Cardiology and Respiratory Service

Heart Failure team

Email: 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.netGeneral cardiology email advice: Imperial.cardiologyadvice@nhs.netCommunity Independent service: **cis.3borough@nhs.net** HF team: Charing Cross: 0203 313 0223 | St Marys: 0203 312 3242 | Hammersmith: 0203 313 1697