Ringwood Medical Practice
1st Floor, Ringwood Medical Centre, Ringwood, Hampshire, BH24 1JY
01425 478901 hiowicb-hsi.enquiries-rmc@nhs.net

NAME: _____ Date of Birth: _____

HEART HEALTH REVIEW

Height	
Weight	

Review

This questionnaire is for a routine review of your Heart Health, please complete this questionnaire and return it at your earliest convenience. Your answers will always be seen by one of the practice team who will be in touch, if necessary.

Heart Health

Symptoms: The most common symptoms of heart failure are breathlessness, tiredness, and palpitations

I can perform all physical activity without symptoms ☐	I get symptoms when performing more strenuous activity ☐	I get symptoms when performing day to day activities ☐
I am unable to carry out any physical activity without symptoms ☐		

Exercise: How would you describe your tolerance when exercising

Good ☐	Fair ☐	Moderate ☐
Poor ☐		

Fatigue: How often do you experience feeling unusually tired and weak

Not at all ☐	After moderate physical activity ☐	After mild physical activity ☐
After minimal physical activity ☐	At rest ☐	

Swelling/Oedema: This is excess water causing swelling in the tissues. It most commonly affects the feet and ankles, but can occur higher up the leg or abdomen

None ☐	Mild (resolves after rest) ☐	Moderate (mid-calf / bellow knee) ☐
Above knee ☐	Thigh / Abdomen ☐	

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Waking at Night: Do you suffer from sudden waking at night due to shortness of breath?

Yes ☐	No ☐

Fluid: How much fluid do you drink each day?

Less than 1 litre ☐	1 – 1.5 litres ☐	1.5 – 2 litres ☐
More than 2 litres ☐		

Blood Pressure Readings

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							

Taking your reading

Place the cuff on your arm, with the bottom of the cuff approximately 2cm above the bend in your elbow. Always measure your blood pressure in the same arm. Make sure that you are sitting down and have both feet flat on the floor. Do not cross your legs. Support your arm on a firm surface with your palm facing up. Do not talk and try to relax.

Take two readings at least 1 minute apart. If the first two readings are very different, take 2 or 3 further readings. Keep a record of your readings then enter them here. Ideally take two readings twice a day for 4-7 days, to give a total of up to 28.

Pulse Rate: You can check your heart rate by taking your pulse and counting how many times your heart beats in a minute. Your pulse will also be shown on most blood pressure machines.

Pulse