

Patient Name \_\_\_\_\_

HFLN Name \_\_\_\_\_

CHI \_\_\_\_\_

HFLN Contact \_\_\_\_\_

Date of referral \_\_\_\_\_

**SECTION 1: HEART FAILURE SYMPTOMS AND POTENTIAL RED FLAGS**

- 1 How have your symptoms (e.g. discomfort or shortness of breath, ankle swelling, weight gain, palpitations, weakness or dizziness) been since your last attendance? *(tick one only)*
- better  
 same  
 worse \*
- 2 Compared with the last time you attended, how much exercise, effort or physical activity does it now take to bring on your symptoms? *(tick one only)*
- it takes more  
 the same  
 it takes a lot less \*

\* = Not currently suitable to refer for exercise training

**INITIAL SCREENING OF CURRENT LEVELS OF PHYSICAL ACTIVITY**

- 3 **DAILY ACTIVITIES** During the last 2 weeks ... how much difficulty have you had doing your usual activities or tasks, both inside and outside the house because of your physical condition? *(tick one only)*
- No difficulty at all  
 A little bit of difficulty  
 Some difficulty  
 Much difficulty  
 Unable to do
- 4 In the past week, on how many days have you been physically active for a total of 30 minutes or more? *Physical activity may include: walking or cycling for recreation or to get to and from places; gardening; and exercise or sport which lasts for at least 10 minutes.*
- 0 – 4 days  
 5 days or more
- 5 If your answer to Q4 above was “0-4 days”, were you physically active for at least two and a half hours (150 minutes) in the other days of the week?
- Yes  
 No
- 6 Do you have any particular concerns you wish to discuss with a cardiac physiotherapist?
- \_\_\_\_\_
- 7 Preferred venue for physiotherapy appointment.
- |                         |                          |                           |                          |
|-------------------------|--------------------------|---------------------------|--------------------------|
| Gartnavel Hospital      | <input type="checkbox"/> | Royal Alexandra Hospital  | <input type="checkbox"/> |
| Glasgow Royal Infirmary | <input type="checkbox"/> | Southern General Hospital | <input type="checkbox"/> |
| Inverclyde Hospital     | <input type="checkbox"/> | Vale of Leven Hospital    | <input type="checkbox"/> |
| New Stobhill Hospital   | <input type="checkbox"/> | Western Infirmary         | <input type="checkbox"/> |
| New Victoria Hospital   | <input type="checkbox"/> |                           |                          |

**ADDITIONAL INFORMATION FOR PHYSIOTHERAPIST**

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