Get With The Guidelines® Patient ID: ______________________________
Date of Hospital Discharge: ______/______/___________ ____:____
Date of 30-Day Follow-Up: ______/______/____________
Date the follow-up appointment/phone call was completed: _______/______/___________

Follow-Up Conducted (check all that apply):	❑ In person ❑ By phone ❑ Chart review ❑ Not Done
Patient location at 30 days post discharge:	O Home O Acute Care Facility O Hospice-Home O Other Health Care Facility O Hospice-Health Care Facility O Unknown/ND
INTERVAL EVENTS IN THE FIRST 30 DAYS	
Died within 30 days of discharge?	O Yes O No O Unknown/NA
Date of Death:	_______/_____/______ O Unknown/NA
Cause of death:	O Cardiovascular O Non-Cardiovascular O Unknown/NA
If Cardiovascular:	O Acute Coronary Syndrome O Sudden Death O Heart Failure O Other Cardiovascular O Stroke (all types)
Was patient referred to cardiac rehab or disease management at discharge?	❍ Yes ❍ No ❍ Not Applicable ❍ Not Documented
Which type of service was the patient referred to at discharge?	❑ Cardiac Rehabilitation ❑ Heart Failure Disease Management Program
If not, was patient referred to cardiac rehab or disease management within 30 days?	O Yes O No
Did the patient receive any of the following within 30 days of discharge (check all that apply)?	❑ None ❑ Cardiac Rehabilitation ❑ Heart Failure Disease Management Program ❑ Smoking Cessation Program ❑ Telephone Management ❑ Other________________
Planned Events	
Did patient have any unplanned acute inpatient or ambulatory care within 30 days of discharge?	O Yes O No
If Yes, Visit Date:	___/___/_______ ___:____ (MM/DD/YYYY HH:MM)
Visit Type:	○ ER ○ Hospitalization ○ Office/Outpatient Clinic ○ Urgent Care ○ Other
If Other, specify planned visit type:	________________________________
Planned Visit Reason:	○ Cardiovascular

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	○ Non-cardiovascular ○ Renal Disease ○ Other Unknown
If Cardiovascular, was it Heart Failure-related?	**O** Yes **O** No
Indicate if patient has LVAD or Heart Transplant post discharge?	○ None ○ LVAD ○ Heart Transplant
Adverse Events	
Did patient have any unplanned acute inpatient or ambulatory care within 30 days of discharge?	**O** Yes **O** No
If Yes, Visit Date:	___/___/_______ ___:___ (MM/DD/YYYY HH:MM)
Visit Type:	**O** ER **O** Hospitalization **O** Office/Outpatient Clinic **O** Urgent Care **O** Other
If other, specify visit type:	___________________________________
Visit Reason:	**O** Cardiovascular **O** Non-Cardiovascular **O** Unknown **O** Renal Disease
If Cardiovascular, was it Heart Failure-related?	**O** Yes **O** No
ASSESSMENTS	
Get With The Guidelines® Follow-up Labs: *(if more than one, use value closest to 30 days post discharge)*	
K+ (mEq/L): ___ ❑ Unknown	**Creatinine (mg/dL):** _______ ❑ Unknown

K+ (Potassium Date): _/___/______________ (MM/DD/YYYY)	Creatinine (Date): __/___/______________ ______(MM/DD/YYYY)
Vital Signs Date: ____/___/______ (MM/DD/YYYY)	
Blood Pressure (mmHg)	❑ Unknown Systolic: _________________ Diastolic: ____________________
Heart rate (bpm): _______ ❑ Unknown	
Weight:________(O lbs. O kg) ❑ Unknown	Height:________(O in O cm) ❑ Unknown
Body Mass Index: _____________ ❑ Unknown	
NYHA Class:	**O** Class I **O** Class II **O** Class III **O** Class IV **O** Unknown
Other Laboratories:	KCCQ Summary Score: ___________ ❑ Unknown

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Did the patient have an echo or LVEF within 30 days post-discharge?	❑ No Echo or LVEF ❑ Echo LVEF Unknown/ND ❑ Echocardiogram Echocardiogram Date___________________ ❑ LVEF LVEF Date ____________________ **Enter LVEF** (____%)
Qualitative LV dysfunction:	**O** Severe **O** Moderate **O** Mild **O** Normal
Dialysis or Ultrafiltration Unspecified	**O** Yes **O** No **O** Unknown/ND

MEDICATIONS

ACEI	**Prescribed?**	O At discharge O Newly prescribed after discharge O Not Prescribed		
	If prescribed at discharge, select	Medication:	Dosage:	Frequency:
	If not prescribed or no longer taking, was there a documented contraindication, intolerance, or other physician reason for discontinuing?			O Yes O No
	Is patient compliant with medication regimen at 30-day follow-up?			O Yes O No
	If not compliant or no longer taking, was there a documented contraindication, intolerance, or other physician reason for discontinuing?			O Yes O No
ARB	**Prescribed?**	O At discharge O Newly prescribed after discharge O Not Prescribed		
	If prescribed at discharge, select	Medication:	Dosage:	Frequency:
	If not prescribed or no longer taking, was there a documented contraindication, intolerance, or other physician reason for discontinuing?			O Yes O No
	Is patient compliant with medication regimen at 30-day follow-up?			O Yes O No
	If not compliant or no longer taking, was there a documented contraindication, intolerance, or other physician reason for discontinuing?			O Yes O No

MRA	**Prescribed?**	O At discharge O Newly prescribed after discharge O Not Prescribed		
	If prescribed at discharge, select	Medication:	Dosage:	Frequency:
	If not prescribed or no longer taking, was there a documented contraindication, intolerance, or other physician reason for discontinuing?			O Yes O No

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	Is patient compliant with medication regimen at 30-day follow-up?			O Yes O No
	If not compliant or no longer taking, was there a documented contraindication, intolerance, or other physician reason for discontinuing?			O Yes O No
ARNI	**Prescribed?**	O At discharge O Newly prescribed after discharge O Not Prescribed		
	If prescribed at discharge, select	Medication:	Dosage:	Frequency:
	If not prescribed or no longer taking, was there a documented contraindication, intolerance, or other physician reason for discontinuing?			O Yes O No
	Is patient compliant with medication regimen at 30-day follow-up?			O Yes O No
	If not compliant or no longer taking, was there a documented contraindication, intolerance, or other physician reason for discontinuing?			O Yes O No
Beta Blocker	**Prescribed?**	O At discharge O Newly prescribed after discharge O Not Prescribed		
	If prescribed at discharge, select	Medication:	Dosage:	Frequency:
	If not prescribed or no longer taking, was there a documented contraindication, intolerance, or other physician reason for discontinuing?			O Yes O No
	Is patient compliant with medication regimen at 30-day follow-up?			O Yes O No
	If not compliant or no longer taking, was there a documented contraindication, intolerance, or other physician reason for discontinuing?			O Yes O No
SGLT2 Inhibitor	**Prescribed?**	O At discharge O Newly prescribed after discharge O Not Prescribed		
	If prescribed at discharge, select	Medication:	Dosage:	Frequency:
	If not prescribed or no longer taking, was there a documented contraindication, intolerance, or other physician reason for discontinuing?			O Yes O No
	Is patient compliant with medication regimen at 30-day follow-up?			O Yes O No
	If not compliant or no longer taking, was there a documented contraindication, intolerance, or other physician reason for discontinuing?			O Yes O No

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LIFESTYLE AND EDUCATION	
Has the Patient:	
Received education on the signs and symptoms of Heart Failure?	O Yes O No O Unknown/ND
Received education on whom to call if symptoms worsen?	O Yes O No O Unknown/ND
Returned for each medical follow-up appointment?	O Yes O No O Unknown/ND
Received education regarding the need for medical follow-up	O Yes O No O Unknown/ND
Been monitoring their daily weights?	O Yes O No O Unknown/ND
Been monitoring their diets? (calories, sodium, etc.)	O Yes O No O Unknown/ND
Received diet counseling including salt restriction?	O Yes O No O Unknown/ND
Been using a pill container to keep track of their medicines?	O Yes O No O Unknown/ND
Received medication adherence education/counseling?	O Yes O No O Unknown/ND
Is patient physically active?	O Yes O No O Unknown/ND
Received activity guidelines advice/counseling?	O Yes O No O Unknown/ND
Smoked tobacco since the hospitalization?	O Yes O No O Unknown/ND
Has the patient received smoking cessation education/counseling?	O Yes O No O Unknown/ND
Been monitoring their blood pressure?	O Yes O No O Unknown/ND
Been monitoring their blood sugar?	O Yes O No O Unknown/ND
Has the patient received diabetes education/counseling?	O Yes O No O Unknown/ND
END OF FORM	

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