



**PROJECT I-B**  
**HF17- Baseline Working Diagnosis Form**



Randomization #:   -   -

Patient ID #:

Project Site Number

Today's date:     /   /

Year Month Day

Date of last clinical assessment:     /   /

Year Month Day

**Working Diagnosis (To be completed by the treating physician)**

**Choose the most likely diagnosis based on your clinical impression, excluding advanced cardiac imaging.**

- Idiopathic dilated cardiomyopathy
- Heart failure with preserved systolic function
- Inflammatory disease (eg. myocarditis)
- Infiltrative disease
- Hypertrophic cardiomyopathy
- Ischemic cardiomyopathy
- Valvular heart disease
- Mixed disease
- Other (eg. RV failure, constriction, ACHD)
- No heart failure
- Unknown

**Comments (Please print in BLOCK LETTERS)**

Treating Physicians Initials:

