



PROJECT I-B
HF20- HF Diagnosis Follow up Form



Patient ID #:

Randomization #:
Project - Site - Number

Today's date: / /
Year Month Day

Visit: 3 Month
 12 Month

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 and tests

- 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
- Information not available

For 3 month visit only

I have reviewed the echo report Yes No

Date: / /
Year Month Day

The echo diagnosis impacted patient care Yes No

I have reviewed the CMR report Yes No N/A

Date: / /
Year Month Day

The CMR impacted patient care Yes No N/A

N/A - this is the 12 month visit

Comments (Please print in block letters)

Treating Physicians Initials:

