

Follow-up Form B
SPHN Heart Failure Care Incentive Program
Follow-Up Physician

Follow-Up Physician Name (print legibly)	Patient Name
<input type="checkbox"/> Follow-up Appointment scheduled within 7 days of discharge Date/Time <input type="checkbox"/> Follow-up Appointment kept by patient Date	<input type="checkbox"/> <u>Yes</u> , Discharge Form A received from discharging physician <input type="checkbox"/> <u>No</u> , Discharge Form A wasn't received from discharging physician
Patient brought HF Passport to appointment <input type="checkbox"/> Yes <input type="checkbox"/> No (given new booklet) <input type="checkbox"/> No (reinforced need to bring to subsequent appointments)	<input type="checkbox"/> Patient was assisted in recording follow-up visit in HF Passport

To receive incentive:

1. Contact discharged patient and make follow-up appointment within 7 days of discharge.
2. Ask patient if they brought HF Passport and assist them with recording follow-up visit, changes in medications, and other changes to the treatment plan.
3. Complete this form (Follow-up Form B).
4. Fax this form (Follow-up Form B) to:

Performance Improvement
517-364-5298

Signature _____

Dictation Number _____

Copies of this form are available at either of the following:

On the Internet at the SPHN website (www.sparrow.org/sphn), select "Forms"

On the Sparrow Intranet at: Departments/Non-Clinical/Performance Improvement