

PLEASE CONTACT US FOR MORE INFORMATION.

Physician Name: _____
Address: _____
City: _____
State Zip: _____



QUESTIONS?

Name: _____
Title: _____
Phone Number: _____
Fax Number: _____
E-mail: _____
Web site: _____

ABOUT CONGESTIVE HEART FAILURE

Congestive Heart Failure (CHF) is not a disease but a condition that develops when the heart is not able to pump enough blood to meet the needs of the body's tissues. When the heart fails, it is unable to pump out all the blood that enters its chambers. CHF is characterized by breathlessness and abnormal sodium and water retention, resulting in edema.

According to the American Heart Association, 58,800,000 Americans have one or more types of cardiovascular disease, and nearly 5 million of those are living with congestive heart failure. The mortality of CHF patients is about 250,000 per year. There are 872,000 hospitalizations per year for CHF, and it is the single most frequent cause of hospitalization in people 65 and older.

Physician Name: _____
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CONGESTIVE HEART FAILURE SUPPORT GROUP

From the Practice of
JAMES SMITH, M.D.



*An information source
and support group
for people with
Congestive Heart Failure (CHF)*

AN INVITATION FROM CHF SUPPORT GROUP

If you experience congestive heart failure, you are invited to join our CHF Support Group. It is our belief that the support of others contributes to longevity and well being.

The CHF Support Group will be led by (insert name). We hope to address such diverse topics as keeping fit, dining out on a low-sodium diet, financial planning, spiritual wellness and much more.

You may want to invite your spouse or support person to attend with you.

Our goal is to help you with some of your basic needs as a CHF patient:

1. lifestyle modifications, including dietary and weight management, exercise and conserving energy, smoking cessation and reduction of excess fluids;
2. pharmacological information; and
3. emotional well-being.



THE DETAILS ON HOW TO BECOME A PART

We will meet on a monthly basis as follows:
WHEN: (insert appropriate day/date)
WHERE: (insert place)
TIME: (insert hour)

We hope that our CHF Support



Group will help you learn more about your disease and share common emotional and physical experiences so that you can move forward with a program that serves your best interests.

ABOUT OUR SUPPORT GROUP LEADER.

(Insert a brief bio of your selected leader).

YOUR PATIENT REPLY FORM

If you would like to join our support group, or would like more information about the program, just complete the form below, enclose in an envelope and mail back to us at the address listed on the front of this brochure. The few minutes you take to fill out this form can make a big, positive difference in your life.

Name: _____
Address: _____
City, State, Zip: _____
Phone Number: () _____
Faxsimile Number: () _____
E-mail address: _____

Please make your selection:

- Yes, I am interested in interested in learning more about the CHF Support Group. Please call me at the above number.
- Yes, please sign me up for the CHF Support Group, and notify me of the next meeting.