CONGESTIVE HEART FAILURE SUPPORT GROUP

PLEASE CONTACT US FOR MORE INFORMATION.

Physician Name: __________________________
Address: __________________________________
City: _________________________________
State Zip: ______________________________

CONGESTIVE HEART FAILURE

Congestive Heart Failure (CHF) occurs when the heart loses its ability to effectively pump blood to the rest of the body. With each heartbeat, an inadequate supply of blood (rich with oxygen and nutrients) is delivered to the body. Since the body receives fewer nutrients and oxygen than it needs, activities like climbing stairs, carrying groceries or even walking become difficult.

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. CHF claims the lives of upwards of 250,000 patients per year. There are over 850,000 hospitalizations per year for CHF alone, and it is the single most frequent cause of hospitalization in people 65 and older.

Questions? 

Name: ____________________________
Title: _____________________________
Phone Number: _____________________
Fax Number: _______________________
E-mail: ___________________________
Web site: __________________________

An information source and support group for people with Congestive Heart Failure (CHF)
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: lifestyle modifications, including dietary and weight management, exercise and conserving energy, smoking cessation and reduction of excess fluids; pharmacological information; and emotional well-being.

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).

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.