

[Date]

[Patient Name]

[Patient Address]

[City, State, Zip Code]

Welcome to the [Program Name] Heart Failure Program

Dear [Patient Name],

Welcome to our Heart Failure Program. We are pleased to partner with you in managing your heart health. Our goal is to provide you with the tools, education, and support necessary to improve your quality of life and reduce hospital visits.

As a participant in this program, you will have access to a specialized care team, including:

- Cardiologists specializing in heart failure
- Nurse practitioners and physician assistants
- Registered nurses and care coordinators
- Dietitians and pharmacists

Your First Steps:

Please review the enclosed materials regarding daily weight monitoring, sodium intake, and medication adherence. We ask that you bring your "Weight Log" and all current medications to every appointment.

What to Expect:

- Regular follow-up appointments and lab work.
- Personalized education on symptom management.
- Direct communication with our clinical staff for any concerns.

If you experience sudden shortness of breath, rapid weight gain (more than 3 pounds in one day), or increased swelling, please call our office immediately at [Phone Number].

We look forward to working with you. If you have any questions before your first visit, please contact us at [Phone Number].

Sincerely,

[Provider Name/Program Director]

[Facility Name]

[Contact Information]