



UPMC.com

An aerial photograph of a vast, lush green valley. The landscape is characterized by rolling hills and dense forests, with a bright sun low on the horizon, creating a warm, golden glow over the scene. The sky is a clear, vibrant blue with scattered white clouds. The overall atmosphere is one of natural beauty and tranquility.

2024

Be the healthiest you!

Managing Heart Failure Planner

UPMC
LIFE CHANGING MEDICINE

What is heart failure?

Heart failure means that the heart is not pumping blood through the body as well as it should. While there is no cure for heart failure, many people with this disease can improve the function of their hearts and lead active, healthy lives because they learn how to take care of themselves.

Take control of your heart failure by doing the following:

- ▶ Take all your medicines, and never skip doses.
- ▶ Do not let your medicines run out.
- ▶ Keep all your health care appointments, even when you feel well.
- ▶ Follow a low-sodium (low-salt) and low-fat diet.
- ▶ Remain or become physically active.
- ▶ Stop smoking and using tobacco products if you currently do so.
- ▶ Weigh yourself every day.

Important Names and Phone Numbers

Primary Care Doctor (PCP):

Cardiologist:

Pharmacy:

Home Health Provider:

Hospital:

Emergency Contact:

Nurse Case Manager:

How to Use This Calendar to Help You Stay Well

Hang this calendar in the same room as your scale. Take this calendar with you every time you see a health care provider.

Tracking Your Weight

- ▶ Write down your starting weight with your nurse.
- ▶ Weigh yourself every morning, after using the bathroom, and in the same amount of clothing.
- ▶ Record your weight each day on the calendar.
- ▶ Call your primary care doctor if you gain 2 pounds or more in 1 day or 5 pounds or more in a week.

FEELING INDICATOR

 **GREEN DAY (good day)**  **YELLOW DAY (bad day)**  **RED DAY (worse day)**

X Check the color that indicates how you are feeling each day.

GREEN DAY Goal Zone (good day)

Your symptoms are under control when you:

- Are able to do normal activities
- Have no shortness of breath or usual shortness of breath
- Have no weight gain or less than 2 pounds gained in one day
- Have no swelling or usual amount of swelling in your feet, ankles, legs or stomach
- Have no chest pain

YELLOW DAY Warning Zone (bad day)

ACTION – Call your health care provider or the Heart Failure Center when:

- Normal activities are harder due to symptoms
- You gain 2-3 pounds in one day or 5 pounds in one week
- You have more shortness of breath than usual
- You have more than usual swelling of feet, ankles, legs, or stomach
- You have a dry, hacky cough
- You have dizziness
- You have an uneasy feeling; you know something is “not right”
- You have a hard time breathing when lying down (you need to sleep in chair or use extra pillow)


RED DAY Emergency Zone (worse day)


ACTION – call 911 or go to emergency room if:

- You are unable to do normal activities at all due to symptoms
- You have unrelieved shortness of breath when sitting still
- You have chest pain that is unrelieved by rest or nitroglycerine
- You have confusion or are unable to think clearly
- You feel faint or pass out
- You are breathless or are unable to talk
- You have a continuous rapid, racing heartbeat

Tracking Your Symptoms

- ▶ Using the feeling indicator with your nurse, describe your day in the spaces below.
- ▶ Each day, check off on the calendar how you are feeling.
- ▶ If you are having **yellow** day (bad day) symptoms two days in a row, you need to call your health care provider at: _____.
- ▶ Call your primary care doctor if you are having a **red** day (worse day) and cannot reach your nurse. Be prepared to tell your doctor about:
 - daily weight
 - any swelling
 - changes in your breathing
 - blood pressures and heart rates if you check them at home
 - doses of the water pills you are taking and when you last took them

 **Green Day (good day) for me is:** _____

 **Yellow Day (bad day) for me is:** _____

 **Red Day (worse day) for me is:** _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
weight: _____	1 weight: _____	2 weight: _____	3 weight: _____	4 weight: _____	5 weight: _____	6 weight: _____
7 weight: _____	8 weight: _____	9 weight: _____	10 weight: _____	11 weight: _____	12 weight: _____	13 weight: _____
14 weight: _____	15 weight: _____	16 weight: _____	17 weight: _____	18 weight: _____	19 weight: _____	20 weight: _____
21 weight: _____	22 weight: _____	23 weight: _____	24 weight: _____	25 weight: _____	26 weight: _____	27 weight: _____
28 weight: _____	29 weight: _____	30 weight: _____	31 weight: _____			

DECEMBER 2023						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEBRUARY 2024						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	

FEELING INDICATOR

GREEN DAY **YELLOW DAY** **RED DAY**

X Check the color that indicates how you are feeling each day.

Call your health care provider immediately.

Call **911** if you cannot reach your health care provider immediately.



BLOOD PRESSURE LOG							
DATE	TIME	BLOOD PRESSURE	HEART RATE	DATE	TIME	BLOOD PRESSURE	HEART RATE
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	

FEBRUARY 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
				weight: _____	weight: _____	weight: _____
4	5	6	7	8	9	10
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
11	12	13	14	15	16	17
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
18	19	20	21	22	23	24
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
25	26	27	28	29		
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____		

JANUARY 2024							MARCH 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6						1	2
7	8	9	10	11	12	13	3	4	5	6	7	8	9
14	15	16	17	18	19	20	10	11	12	13	14	15	16
21	22	23	24	25	26	27	17	18	19	20	21	22	23
28	29	30	31				24	25	26	27	28	29	30
							31						

FEELING INDICATOR

GREEN DAY **YELLOW DAY** **RED DAY**

X Check the color that indicates how you are feeling each day.

- Call your health care provider immediately.
- Call **911** if you cannot reach your health care provider immediately.



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEELING INDICATOR

GREEN DAY **YELLOW DAY** **RED DAY**

X Check the color that indicates how you are feeling each day.

- Call your health care provider immediately.
- Call **911** if you cannot reach your health care provider immediately.

FEBRUARY 2024

S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29		

APRIL 2024


























S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30			





BLOOD PRESSURE LOG							
DATE	TIME	BLOOD PRESSURE	HEART RATE	DATE	TIME	BLOOD PRESSURE	HEART RATE
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	

APRIL 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1  weight: _____	2  weight: _____	3  weight: _____	4  weight: _____	5  weight: _____	6  weight: _____
7  weight: _____	8  weight: _____	9  weight: _____	10  weight: _____	11  weight: _____	12  weight: _____	13  weight: _____
14  weight: _____	15  weight: _____	16  weight: _____	17  weight: _____	18  weight: _____	19  weight: _____	20  weight: _____
21  weight: _____	22  weight: _____	23  weight: _____	24  weight: _____	25  weight: _____	26  weight: _____	27  weight: _____
28  weight: _____	29  weight: _____	30  weight: _____				


MARCH 2024						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						


MAY 2024						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31

FEELING INDICATOR

 **GREEN DAY**  **YELLOW DAY**  **RED DAY**

X Check the color that indicates how you are feeling each day.

 Call your health care provider immediately.

 Call **911** if you cannot reach your health care provider immediately.



BLOOD PRESSURE LOG							
DATE	TIME	BLOOD PRESSURE	HEART RATE	DATE	TIME	BLOOD PRESSURE	HEART RATE
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	
		/				/	

MAY 2024

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
			weight: _____	weight: _____	weight: _____	weight: _____
5	6	7	8	9	10	11
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
12	13	14	15	16	17	18
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
19	20	21	22	23	24	25
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
26	27	28	29	30	31	
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	

APRIL 2024							JUNE 2024						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
	1	2	3	4	5	6							1
7	8	9	10	11	12	13	2	3	4	5	6	7	8
14	15	16	17	18	19	20	9	10	11	12	13	14	15
21	22	23	24	25	26	27	16	17	18	19	20	21	22
28	29	30					23	24	25	26	27	28	29
							30						































FEELING INDICATOR

GREEN DAY **YELLOW DAY** **RED DAY**

X Check the color that indicates how you are feeling each day.

- Call your health care provider immediately.
- Call **911** if you cannot reach your health care provider immediately.



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
						1  weight: _____
2  weight: _____	3  weight: _____	4  weight: _____	5  weight: _____	6  weight: _____	7  weight: _____	8  weight: _____
9  weight: _____	10  weight: _____	11  weight: _____	12  weight: _____	13  weight: _____	14  weight: _____	15  weight: _____
16  weight: _____	17  weight: _____	18  weight: _____	19  weight: _____	20  weight: _____	21  weight: _____	22  weight: _____
23  weight: _____	24  weight: _____	25  weight: _____	26  weight: _____	27  weight: _____	28  weight: _____	29  weight: _____
30  weight: _____						

FEELING INDICATOR

-  **GREEN DAY**  **YELLOW DAY**  **RED DAY**
- X Check the color that indicates how you are feeling each day.
-  Call your health care provider immediately.
-  Call **911** if you cannot reach your health care provider immediately.

MAY 2024						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

JULY 2024						
S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
	1	2	3	4	5	6
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
7	8	9	10	11	12	13
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
14	15	16	17	18	19	20
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
21	22	23	24	25	26	27
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
28	29	30	31			
weight: _____	weight: _____	weight: _____	weight: _____			

JUNE 2024						
S	M	T	W	T	F	S
						1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30						

AUGUST 2024						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30
31						

FEELING INDICATOR

- GREEN DAY** **YELLOW DAY** **RED DAY**
- X Check the color that indicates how you are feeling each day.
- Call your health care provider immediately.
- Call **911** if you cannot reach your health care provider immediately.



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
				1	2	3
				weight: _____	weight: _____	weight: _____
4	5	6	7	8	9	10
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
11	12	13	14	15	16	17
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
18	19	20	21	22	23	24
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
25	26	27	28	29	30	31
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____

JULY 2024

S	M	T	W	T	F	S
	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31			

SEPTEMBER 2024































S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30					

FEELING INDICATOR

GREEN DAY **YELLOW DAY** **RED DAY**

X Check the color that indicates how you are feeling each day.

- Call your health care provider immediately.
- Call **911** if you cannot reach your health care provider immediately.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1  weight: _____	2  weight: _____	3  weight: _____	4  weight: _____	5  weight: _____	6  weight: _____	7  weight: _____
8  weight: _____	9  weight: _____	10  weight: _____	11  weight: _____	12  weight: _____	13  weight: _____	14  weight: _____
15  weight: _____	16  weight: _____	17  weight: _____	18  weight: _____	19  weight: _____	20  weight: _____	21  weight: _____
22  weight: _____	23  weight: _____	24  weight: _____	25  weight: _____	26  weight: _____	27  weight: _____	28  weight: _____
29  weight: _____	30  weight: _____					


AUGUST 2024						
S	M	T	W	T	F	S
				1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	31


OCTOBER 2024						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	
































FEELING INDICATOR

 **GREEN DAY**  **YELLOW DAY**  **RED DAY**

X Check the color that indicates how you are feeling each day.

 Call your health care provider immediately.


 Call **911** if you cannot reach your health care provider immediately.


Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday																																																																																																		
		1 	2 	3 	4 	5 																																																																																																		
		weight: _____	weight: _____	weight: _____	weight: _____	weight: _____																																																																																																		
6 	7 	8 	9 	10 	11 	12 																																																																																																		
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____																																																																																																		
13 	14 	15 	16 	17 	18 	19 																																																																																																		
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____																																																																																																		
20 	21 	22 	23 	24 	25 	26 																																																																																																		
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____																																																																																																		
27 	28 	29 	30 	31 	<table border="1"> <thead> <tr> <th colspan="7">SEPTEMBER 2024</th> <th colspan="7">NOVEMBER 2024</th> </tr> <tr> <th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th> <th>S</th><th>M</th><th>T</th><th>W</th><th>T</th><th>F</th><th>S</th> </tr> </thead> <tbody> <tr> <td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td> <td></td><td></td><td></td><td></td><td></td><td>1</td><td>2</td> </tr> <tr> <td>8</td><td>9</td><td>10</td><td>11</td><td>12</td><td>13</td><td>14</td> <td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td> </tr> <tr> <td>15</td><td>16</td><td>17</td><td>18</td><td>19</td><td>20</td><td>21</td> <td>10</td><td>11</td><td>12</td><td>13</td><td>14</td><td>15</td><td>16</td> </tr> <tr> <td>22</td><td>23</td><td>24</td><td>25</td><td>26</td><td>27</td><td>28</td> <td>17</td><td>18</td><td>19</td><td>20</td><td>21</td><td>22</td><td>23</td> </tr> <tr> <td>29</td><td>30</td><td></td><td></td><td></td><td></td><td></td> <td>24</td><td>25</td><td>26</td><td>27</td><td>28</td><td>29</td><td>30</td> </tr> </tbody> </table>		SEPTEMBER 2024							NOVEMBER 2024							S	M	T	W	T	F	S	S	M	T	W	T	F	S	1	2	3	4	5	6	7						1	2	8	9	10	11	12	13	14	3	4	5	6	7	8	9	15	16	17	18	19	20	21	10	11	12	13	14	15	16	22	23	24	25	26	27	28	17	18	19	20	21	22	23	29	30						24	25	26	27	28	29	30
SEPTEMBER 2024							NOVEMBER 2024																																																																																																	
S	M	T	W	T	F	S	S	M	T	W	T	F	S																																																																																											
1	2	3	4	5	6	7						1	2																																																																																											
8	9	10	11	12	13	14	3	4	5	6	7	8	9																																																																																											
15	16	17	18	19	20	21	10	11	12	13	14	15	16																																																																																											
22	23	24	25	26	27	28	17	18	19	20	21	22	23																																																																																											
29	30						24	25	26	27	28	29	30																																																																																											
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____																																																																																																				































FEELING INDICATOR

 **GREEN DAY**  **YELLOW DAY**  **RED DAY**

X Check the color that indicates how you are feeling each day.

 Call your health care provider immediately.

 Call **911** if you cannot reach your health care provider immediately.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 	2 
					weight: _____	weight: _____
3 	4 	5 	6 	7 	8 	9 
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
10 	11 	12 	13 	14 	15 	16 
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
17 	18 	19 	20 	21 	22 	23 
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
24 	25 	26 	27 	28 	29 	30 
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____


OCTOBER 2024						
S	M	T	W	T	F	S
		1	2	3	4	5
6	7	8	9	10	11	12
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31		

DECEMBER 2024						
S	M	T	W	T	F	S
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				
































FEELING INDICATOR

 **GREEN DAY**  **YELLOW DAY**  **RED DAY**

X Check the color that indicates how you are feeling each day.

-  Call your health care provider immediately.
-  Call **911** if you cannot reach your health care provider immediately.








Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1  weight: _____	2  weight: _____	3  weight: _____	4  weight: _____	5  weight: _____	6  weight: _____	7  weight: _____
8  weight: _____	9  weight: _____	10  weight: _____	11  weight: _____	12  weight: _____	13  weight: _____	14  weight: _____
15  weight: _____	16  weight: _____	17  weight: _____	18  weight: _____	19  weight: _____	20  weight: _____	21  weight: _____
22  weight: _____	23  weight: _____	24  weight: _____	25  weight: _____	26  weight: _____	27  weight: _____	28  weight: _____
29  weight: _____	30  weight: _____	31  weight: _____				

NOVEMBER 2024						
S	M	T	W	T	F	S
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

JANUARY 2025						
S	M	T	W	T	F	S
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30	31	

FEELING INDICATOR

-  **GREEN DAY**  **YELLOW DAY**  **RED DAY**
- X Check the color that indicates how you are feeling each day.
-  Call your health care provider immediately.
-  Call **911** if you cannot reach your health care provider immediately.



Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
			1	2	3	4
			weight: _____	weight: _____	weight: _____	weight: _____
5	6	7	8	9	10	11
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
12	13	14	15	16	17	18
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
19	20	21	22	23	24	25
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____
26	27	28	29	30	31	
weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	weight: _____	

DECEMBER 2024							FEBRUARY 2025						
S	M	T	W	T	F	S	S	M	T	W	T	F	S
1	2	3	4	5	6	7							1
8	9	10	11	12	13	14	2	3	4	5	6	7	8
15	16	17	18	19	20	21	9	10	11	12	13	14	15
22	23	24	25	26	27	28	16	17	18	19	20	21	22
29	30	31					23	24	25	26	27	28	

FEELING INDICATOR

GREEN DAY **YELLOW DAY** **RED DAY**

X Check the color that indicates how you are feeling each day.

- Call your health care provider immediately.
- Call **911** if you cannot reach your health care provider immediately.



Locations

Central Pa

UPMC Chambersburg

830 Norland Ave.
Chambersburg, PA 17201
717-231-8445

UPMC Carlisle

360 Alexander Spring Rd.
Carlisle, PA 17015
717-231-8445

UPMC Community Osteopathic

Bloom Outpatient Center
4310 Londonderry Road, 2nd Floor
Harrisburg, PA 17109
717-231-8445

UPMC Heart and Vascular Institute/ UPMC Harrisburg

111 South Front St.
Waiting Room, 2nd Floor
Harrisburg, PA 17101
717-231-8445

UPMC Medical Professional Center of Newport

300 Bretz Drive
Newport, PA 17074
717-231-8445

UPMC Heart and Vascular

2005 Technology Parkway
Mechanicsburg, PA 17050
717-231-8445

UPMC Lititz

1500 Highlands Drive
Lititz, PA 17543
717-231-8445

UPMC Hanover

310 Stock St.
Hanover, PA 17331
717-637-1738

UPMC Memorial

1703 Innovation Drive
York, PA 17408
717-849-5576

North Central Pa

UPMC Outpatient Center

1001 East Main St.
Suite 320B
Bradford, PA 16701
814-368-1000

UPMC Cole

1001 E. 2nd St.
Coudersport, PA 16915
814-260-5576

UPMC Outpatient Center

2370 Old Turnpike Rd.
Suite 4
Lewisburg, PA 17837
570-321-2800

UPMC Outpatient Center

610 High St.
Lock Haven, PA 17745
570-321-3351

UPMC Outpatient Center

416 South Main St.
Mansfield, PA 16933
570-321-2800

UPMC Muncy

215 E. Water St.
Muncy, PA 17756
570-321-2800

UPMC Williamsport

700 High St.
Williamsport, PA 17701
570-321-2800

continued>

Northwest PA and Western New York

UPMC Hamot

120 East Second St.
Suite 400
Erie, PA 16507
814-877-5600

UPMC Northwest

124 Home Depot Drive
Suite D
Franklin, PA 16323
814-432-7327

100 Fairfield Drive
2nd Floor
Seneca, PA 16342

West Central PA

UPMC Altoona - Heart and Vascular Surgical Services

620 Howard Ave.
7th Floor, F Building
Altoona, PA 16601
814-889-2328

Somerset Family Practice

329 South Pleasant Ave.
Somerset, PA 15501
814-445-3575

UPMC Heart and Vascular Institute at UPMC Somerset

225 South Center Ave.
Somerset, PA 15501
814-445-7101

Western Maryland

UPMC Heart and Vascular Institute at UPMC Western Maryland

12500 Willowbrook Rd.
Cumberland, MD 21502
240-964-7000

Southwest PA

Northern Locations:

UPMC Horizon-Greenville

110 N. Main St.
3rd Floor
Greenville, PA 16125
724-588-9830

UPMC Horizon - Shenango Valley

2120 Likens Lane
Farrell, PA 16121
724-981-6810

UPMC Jameson

1211 Wilmington Ave.
Ground Floor
New Castle, Pa 16105
724-656-4646

UPMC Passavant Cranberry

3 St. Francis Way
Suite 202
Cranberry Twp., PA 16066
412-748-6484

UPMC Passavant North Hills

9100 Babcock Blvd.
Suite 1135
Pittsburgh, PA 15237
412-748-6484

UPMC Passavant - Vascular North Hills

9100 Babcock Blvd.
Suite 1135
Pittsburgh, PA 15237
412-756-6298

UPMC Jameson Vascular Clinic

1211 Wilmington Ave.
New Castle, Pa 16105
724-656-4646

UPMC Northwest

100 Fairfield Drive, 2nd Floor
Seneca, PA 16342
814-676-7909 (for Cardiology
and Vascular)

continued>

Southern Locations:

UPMC McKeesport
1500 Fifth Ave.
McKeesport, PA 15132
412-664-2000

**UPMC McKeesport –
Vascular Surgery**
Painter Building
500 Hospital Way
2nd Floor, Suite 200
McKeesport, PA 15132
412-664-2850

UPMC Outpatient Center
275 Clairton Blvd.
Suite 300C
West Mifflin, PA 15222
412-653-8500
Vascular: 412-756-6298

UPMC South Surgery Center
1300 Oxford Drive
Suite 1A
Bethel Park, PA 15102
412-347-3240

UPMC Specialty Care
205 Millers Run Rd.
1st Floor
Bridgeville, PA 15017
412-347-3240

Eastern Locations:

UPMC East
2775 Mosside Blvd.
Monroeville, PA 15146
412-357-3000

UPMC Outpatient Center
1433 Fawcett Ave.
White Oak, PA 15131
412-664-4124

UPMC Outpatient Center
5832 State Route 981
Latrobe, PA 15650
724-537-5034

UPMC Outpatient Center
400 Oxford Dr., Suite 75
Monroeville, PA 15146
412-380-5030
Vascular: 412-756-6298

UPMC St. Margaret
200 Delafield Rd.
Suite 3010 and 4050
Pittsburgh, PA 15215
Cardiology: 412-781-4860
Vascular: 412-756-6298

UPMC Outpatient Center
1800 Union Ave., Suite B
Natrona Heights, PA 15065
412-781-4860

Western Locations:

UPMC Outpatient Center
969 Greentree Rd.
Pittsburgh, PA 15220
412-232-9030

UPMC Primary and Specialty Care
111 Hazel Lane
Suite 200
Sewickley, PA 15143
412-748-6484

**UPMC Primary and Specialty Care –
Vascular**
111 Hazel Lane
Suite 200
Sewickley, PA 15143
412-756-6298

UPMC Outpatient Center
1600 Coraopolis Heights Rd.
Suite G1
Moon Twp., PA 15108
412-748-6484

UPMC Vascular Surgery
125 N. Franklin Drive
Suite 1
Washington, PA 15301
412-756-6298

continued>

**Central Locations (Downtown Pittsburgh,
Lawrenceville, Oakland, and Shadyside):**

**UPMC Children's Hospital of Pittsburgh
Heart Institute**

4401 Penn Ave.
Pittsburgh, PA 15224
412-692-5540

UPMC Magee-Womens Hospital Heart Center

300 Halket St.
Suite 5102
Pittsburgh, PA 15213
412-641-8870

UPMC Magee-Womens Hospital Vein Center

300 Halket St.
Suite 5414
Pittsburgh, PA 15213
412-756-6298

UPMC Mercy

Mercy Professional Building
1350 Locust St.
Suite 100
Pittsburgh, PA 15219
Cardiology: 412-232-9030
Vascular Surgery: 412-756-6298

UPMC Presbyterian

Floor 5, B-Wing
Outpatient Cardiology
200 Lothrop St.
Pittsburgh, PA 15213
412-647-6000

UPMC Shadyside

5200 Centre Ave.
SHY Medical Bldg., Suite 514
Pittsburgh, PA 15232
412-621-1500

UPMC Shadyside – Electrophysiology

5200 Centre Ave.
SHY Medical Bldg., Suite 710
Pittsburgh, PA 15232
412-623-6889

UPMC Shadyside - Vascular Surgery

5200 Centre Ave.
SHY Medical Bldg., Suite 307
Pittsburgh, PA 15232
412-756-6298