

# Natriuretic Peptide Test

Patient Information	
Name:	
Date of Birth:	
Medical Record Number:	
Date of Test:	

## Test Type: [BNP or NT-proBNP]

Reason for the Test:

Clinical Symptoms:

Prior Heart Failure Diagnosis:

Yes

No

Treatment Status:

## Test Procedure

Sample Collection:

Needle Insertion:

Duration:

Preparation:

## Results

Test Results:

Normal Range:

Interpretation:

Further Testing:

Provider's Notes:

Follow-Up Plan:

**Patient Consultation**

Date of Consultation:

Patient Informed:

Yes

No

Discussion Highlights:

Patient Signature:

Date:

Provider's Signature:

Date: