

# AFib:

## Partnering in Your Treatment

Take this sheet with you to your appointment and discuss the following with your health care team.



### How serious is my AFib?

How does my AFib stage and type affect my treatment options?

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In what ways does AFib increase my health risks?

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Do I have other health concerns that may increase my risks?

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### What are my treatment goals?

With my treatment plan, what should I expect?

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How will I know I'm making progress?

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### What are my medication options?

Should I take medications for AFib?

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What should I expect from medications?

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What will happen if I don't take medications?

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### Do I need to make lifestyle changes?

Should I change any of the following to reduce my risks?

- ☐ Blood pressure
- ☐ Blood sugar
- ☐ Body weight
- ☐ Eating and drinking
- ☐ Physical activity
- ☐ Sleep
- ☐ Smoking
- ☐ Other \_\_\_\_\_

Notes:

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### Are there other treatment options?

What are other possible options?

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When should they be considered?

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