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## **CR Mentor Study - Patient Conversation Documentation Form**

## **Conversation (check one):** □ BEDSIDE Was patient willing/able to talk at this point (circle)? Yes No If no, will you go back another time? Yes No If another time, when? If not another time, are they willing to receive a phone call at home to discuss cardiac rehab? Yes No If yes, when will you call them? Patient's Expected Discharge Date and Time: dd/mmm/yyyy hr:mm Please check mark all the points which were discussed: ☐ Cardiac Rehab ☐ Benefits of cardiac rehab □ Women's only cardiac rehab option (for women patients only) ☐ YouTube video on iPad ☐ Cardiac Rehab Program Process ☐ Asking doctor for referral before being discharged from hospital ☐ Being referred closer to home (*if applicable*) ☐ Offering referral form ☐ Next steps ☐ Follow-up at home Were they willing to have follow-up contact? Yes No ☐ Ouestions or comments Narrative Summary:\_\_\_\_\_ Scheduled Follow-up Phone Call Date and Time:

(Remember to sign and date this form on the back.)

Conversation (check one):				
☐ 2 WEEKS POST-DISCHARGE PHONE	CALL			
☐ SUBSEQUENT PHONE CALL (only if re	quested by po	utient)		
Length of call: minutes				
What did you go over?				
☐ Did they receive the Get-Well Card?	Yes	No		
☐ Refresher on cardiac rehab (if they forgot	about cardia	c rehab)		
☐ Did they get referred?	Yes	No		
☐ If no, encourage them to speak wi	th doctor abo	ut referral		
☐ Do they want a referral for	Yes	No		
☐ Are they joining the cardiac rehab progra	No			
☐ If no, discuss what their barriers may be.				
Narrative Summary (particularly regarding any b	arriers):			
Peer Mentor Name (printed):				
Peer Mentor Signature:				
<b>Date (dd/mm/yyyy):</b> V2; June 3, 2014				

**Study ID#** \_\_\_\_\_

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