

PATIENT PRE-DISCHARGE CONTRACT: CARDIAC REHABILITATION

Medical guidelines recommend that people who have been hospitalized for a heart problem such as yours should attend cardiac rehabilitation. Attending will help ensure the best possible recovery for you.

1.	 I understand that it is important to attend a Cardiac Rehabilitation program. By attending this program, I can: Get answers to questions that I and my family have about my recovery and health Reduce my symptoms 			
	 Prevent fu 	urther heart problems		
	☐ Ye	es, I understand the benefits	of a Cardiac Rehabilitation program	
2.	My peer navigator has reviewed what cardiac rehabilitation programs offer, and what the benefits are for me: ☐ Yes			
	□ No			
3.	My peer navigator discussed any concerns I may have about attending cardiac rehabilitation: ☐ Yes			
	My peer navigator has informed me on getting referred to a Cardiac Rehabilitation program: ☐ Yes ☐ No (why not?)			
5.	I know that the cardiac rehab program has an education class every Monday from 9 until 3 at the Toronto Western Hospital, 3 rd Floor, West Wing, Room 424 where I can learn about how to manage my heart problem. The specialist team will be on hand to give me advice and information to help me make informed choices about my rehabilitation: Yes			
6.	If I don't live close to the cardiac rehabilitation program here, I know Lucy at the cardiac rehab program will refer me to a program closer to my home in the next week.			
7.	If I don't hear	1 0	gram to book me in within the next 7 day	ys or if I have any
Patient Signature		Date	Peer Navigator Signature	Date
For me	ore information	on Cardiac Rehabilitation,	For information on the other cardi	ac rohah programs
roi me	ne injormation	on Caraiac Renadillation,	Tor injormation on the other carati	ic renuo programs,

please visit: http://tinyurl.com/medlineCR

please visit: http://tinyurl.com/CACRprograms

For information on the UHN Cardiovascular Rehabilitation & Prevention Program, please visit: http://tinyurl.com/UHNCR