



**International Council of
Cardiovascular Prevention
and Rehabilitation (ICCP)**

Patient Cardiac Rehabilitation Conversation Documentation Form

Instructions: check applicable boxes or circle yes/no.

Patient Name, Number: _____

Room #: _____

Patient's Expected Discharge Date and Time: _____
dd/mmm/yyyy hr:mm

BEDSIDE

Were you able to talk to patient? **Yes** **No**

If yes, family/caregivers present, or informed about CR? **Yes** **No**

If no, will you go back another time? **Yes** **No**

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? _____
(confirm best number)

Please check off all the points which were discussed:

- Cardiac Rehab
 - What it entails (*make sure they have handout, or other informational resource*)
 - Benefits of cardiac rehab
 - Make unequivocal statement that you strongly encourage they attend
- Cardiac Rehab Program Access Process
 - Referral before discharge (confirm if completed with physician, and patient aware)
 - When to expect call at home about first visit
- Two-way discussion
 - Questions or comments about CR
 - Any barriers patient foresees to participation, and how to mitigate
- Next steps
 - Follow-up call at home, if applicable? **Yes** **No**

Narrative Discussion Summary (e.g., questions, barriers [mobility, language, transportation, distance, cost], referral, perceived patient motivation to enrol (or unwillingness), patient emotion/distress):

Healthcare Provider Name (printed): _____

Signature: _____

Date (dd/mmm/yyyy): _____

POST-DISCHARGE PHONE CALL (if applicable)

- Date (dd/mmm/yyyy): _____
- Refresher on cardiac rehab (*ask them what it is and fill in knowledge gaps*)
- Did they get referred? **Yes** **No**
 - If no, encourage them to speak with doctor about referral, or facilitate
- If yes, have they been contacted by the CR program? **Yes** **No**
 - If no, contact directly, or support patient to contact program to which they were referred
- Are they joining the cardiac rehab program? **Yes** **No**
 - If no, discuss what their barriers may be, and how they could be overcome.

Any next steps (*if applicable*):

Narrative Summary (*particularly regarding any barriers and mitigation strategies, goals*):