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**PATIENT PRE-DISCHARGE CONTRACT: CARDIOVASCULAR REHABILITATION**

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

1. I understand that it is important to attend a cardiovascular 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
		+ Increase my energy and vitality
		+ Prevent further health problems
* Yes, I understand the benefits of a cardiovascular rehabilitation program
1. My healthcare provider has reviewed what cardiovascular rehabilitation programs offer, and what the benefits are for me:
	* Yes
2. My healthcare provider discussed any concerns I may have about attending cardiovascular rehabilitation:
	* Yes
3. My healthcare provider has referred me to a cardiovascular rehabilitation program:
	* Yes 🞏 No (why not? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

 I know that there is a cardiovascular rehabilitation program at [LOCATION]. The specialist team will be on hand to give me advice and information to help me make informed choices about my rehabilitation:

* + Yes
1. If I don’t live close to the cardiovascular rehabilitation program, I know the rehabilitation program will be calling me to refer me to a program closer to my home in the next week or about the potential to participate in a home-based program.
2. If I don’t hear from the cardiovascular rehabilitation program to book me in within the next 14 days or if I have any questions, I will not hesitate to contact them at [CONTACT INFO]
	* Yes

|  |  |
| --- | --- |
| Patient Signature | Date  |
| Healthcare Provider Signature | Date |

*For more information on Cardiac Rehabilitation, please visit:*

[*https://www.aacvpr.org/Cardiac-Patient-Resources*](https://www.aacvpr.org/Cardiac-Patient-Resources)