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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)