

# Cardiac Rehabilitation Post-Discharge Follow-up Sheet

## Patient Information

Name

Medical Record Number

Date of Birth

Contact Number

Date of Discharge

## Diagnosis/Procedure

Diagnosis

Procedure

## Follow-up Assessment

Date of Follow-up

Symptoms Since Discharge

Physical Activity Level

Medication Adherence

Vital Signs

Blood Pressure	Heart Rate	Weight

Issues Identified

Clinical Concerns

Barriers to Rehabilitation

Social Support

Plan/Recommendations

Rehabilitation Program/Advice

Medication Changes

Referrals

Next Follow-up

Date

Remarks

Healthcare Provider

Date