

Cardiac Rehabilitation Needs Assessment Tool¹

Patient sticker:

Date:

Cardiac rehabilitation is part of your ongoing care and will help your recovery and prevent further heart problems.

Instructions:

- a) Please complete this form and then discuss with your heart health professional
- b) Take this form to your next GP appointment and discuss it with them

Contact details (print clearly):

Mobile: Email:

Please circle yes or no for the following statements: Comments

- | | |
|--|----------|
| I have written information about my heart condition | Yes / No |
| I know what to do if I get chest pain or discomfort (angina) | Yes / No |
| I have an up-to-date medication list | Yes / No |
| I know my cardiology follow up plan | Yes / No |
| I will see my GP in the next 2 weeks | Yes / No |

I would like support or advice on the following (please indicate):

- | | |
|---|---|
| <input type="checkbox"/> Exercise | <input type="checkbox"/> Blood pressure |
| <input type="checkbox"/> Weight loss or diet | <input type="checkbox"/> Cholesterol |
| <input type="checkbox"/> Daily activities (shopping, cleaning etc.) | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Managing mood and emotions |
| <input type="checkbox"/> Sexual activity | <input type="checkbox"/> Other (please state)..... |
| <input type="checkbox"/> Sleep issues | |
| <input type="checkbox"/> Work | Comments..... |
| <input type="checkbox"/> Smoking | |

My preferences for cardiac rehabilitation are:

Location/Transport/ Working hours:

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Other concerns:

(non-English speaking, child care etc.).....

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Office use only

Copies to: Patient Cardiac Rehab team GP

1. Adapted from Royal Perth Hospital, WA (2014) CRNAT