Cardiac Rehabilitation Needs Assessment Tool

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):

- Exercise
- Weight loss or diet
- Daily activities (shopping, cleaning etc.)
- Driving
- Sexual activity
- Sleep issues
- Work
- Smoking
- Blood pressure
- Cholesterol
- Diabetes
- Managing mood and emotions
- Other (please state)..................................................

Comments..........................................................................................................................

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