



Goals for Cardiac and Pulmonary Rehabilitation

Setting goals for your time in cardiac and pulmonary rehab is one way to create your own road map to wellness. As an AACVPR Certified facility, our primary goals for your time with us are to improve physical function and enhance quality of life.

Some specific goals include:

- Increase 6 Minute Walk Test Distance from initial session
- Improve exercise capacity by 40% from initial session
- Smoking Cessation
- Improved blood pressure management
- Decreased shortness of breath at rest and with exertion
- Improved scores on initial surveys

Personal goals help us design your program and help you focus your efforts while you're here.

- | | |
|--|---|
| <ul style="list-style-type: none"> <input type="checkbox"/> Return to work/previous level of activity <input type="checkbox"/> Change eating habits <ul style="list-style-type: none"> <input type="checkbox"/> Heart healthy <input type="checkbox"/> Diabetes friendly <input type="checkbox"/> Increase water intake <input type="checkbox"/> Learn more about my specific condition <ul style="list-style-type: none"> <input type="checkbox"/> Coronary Artery Disease <input type="checkbox"/> COPD <input type="checkbox"/> Interstitial Fibrosis <input type="checkbox"/> Diabetes <input type="checkbox"/> _____ _____ _____ | <ul style="list-style-type: none"> <input type="checkbox"/> Lose weight <input type="checkbox"/> Gain weight <input type="checkbox"/> Decrease stress levels <input type="checkbox"/> Be more active with; <ul style="list-style-type: none"> <input type="checkbox"/> Family/friends/social outings <input type="checkbox"/> Hobbies. <input type="checkbox"/> Housework <input type="checkbox"/> Yard work <input type="checkbox"/> Decrease the need for: <ul style="list-style-type: none"> <input type="checkbox"/> Oxygen <input type="checkbox"/> Walking assistance devices (cane/walker) <input type="checkbox"/> Medications |
|--|---|

Please use this space to list any other goals you have for yourself.



Information, rules and responsibilities

- Please arrive to your scheduled class on time and attend regularly.
- If you need to miss a session, please call 240-434-7143. If we do not answer, please leave a voicemail with your name and class time. We check voicemail several times each day.
- Do not miss three (3) consecutive sessions for any reason without notice.
 - Failure to communicate absences can result in discharge from the program.
 - Absences over an extended period of time due to planned or unplanned circumstances can result in placement into a "holding pattern." Returning to the program will be allowed based on availability, and your original time slot is not guaranteed.
- Wear comfortable clothing and closed toe shoes when you come in to exercise.
- Please do not wear perfume, cologne, body spray, or strongly-scented lotions.
- **Do not smoke prior to attending rehab.**
- Illicit drug use or intoxication of any kind will NOT be tolerated while attending cardiopulmonary rehab.
 - If staff has reason to suspect substance abuse, you will be asked to leave.
- Take your prescription medication as directed, and notify staff of all medication changes.
- Please eat something before your scheduled session, and limit caffeine prior to exercise.
- Towels and water are available to you during exercise.
- Please be aware your auditory privacy cannot be guaranteed; if you have concerns, please speak with the staff.
- In the event of inclement weather (snow, hurricane, etc.), use your best judgment about attending your session. Call the center for updated information about our open/closed status during these times.
- To serve you best, please provide up to date information about insurance and current health status. Report all unusual signs and symptoms or changes to staff.

I understand and acknowledge that I may be denied participation in the program if I fail to adhere to these expectations.

Patient signature: _____

Staff signature: _____

Date: _____



Consent to exercise

I desire to engage voluntarily in the **Pulmonary Cardiac Rehab and Fitness exercise program** in order to improve my cardiopulmonary function.

This program has been prescribed to me by my physician,

Dr. _____ .

Before I enter this exercise program, I will have a clinical evaluation.

This evaluation will include a **medical history and physical examination**.

The purpose of this evaluation is to attempt to detect any condition which would indicate that I should not engage in this exercise program.

I understand that activities are designed to place a gradually increasing work load on the circulation and to thereby attempt to improve its function. The reaction of the cardiovascular system to such activities cannot be predicted with complete accuracy. There is a risk of certain changes occurring during or following the exercise. These changes include abnormalities of blood pressure or heart rate, or ineffective "heart function," and possibly, in some instances, "heart attacks" or "cardiac arrest."

I realize it is necessary for me to promptly report to the staff any signs or symptoms indicating any abnormality distress.

I consent to the administration of immediate resuscitation measures deemed necessary by the staff.

I have read the foregoing and I understand it. Any questions which have arisen or occurred to me have been answered to my satisfaction.

Patient signature: _____

Date: _____ **Time:** _____

Witness: _____



Patient health questionnaire (PHQ-9)

Name: _____ Date: _____

Over the last two weeks, how often have you been bothered by any of the following problems? Use ✓ to indicate your answer.

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1		
2. Feeling down, depressed, or hopeless	0	1		
3. Trouble falling or staying asleep, or sleeping too much	0	1		
4. Feeling tired or having little energy	0	1		
5. Poor appetite or overeating	0	1		
6. Feeling bad about yourself or that you are a failure or you have let yourself or your family down	0	1		
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1		
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or more than usual	0	1		
9. Thoughts that you would be better off dead, or of hurting yourself	0	1		

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

Add columns _____ + _____ + _____

(Healthcare professional:
For interpretation of total please refer to accompanying scoring card).

Total _____



Rate your plate

Think about the way you usually eat. For each food topic, put a check mark in column A, B, or C.
If you are a vegetarian, check column C for these () topics.

TOPIC	A	B	C
1. RED MEAT* Beef, hamburger, pork, lamb, veal	<input type="checkbox"/> Usually eat: Three times a week or more	<input type="checkbox"/> Usually eat: Twice a week	<input type="checkbox"/> Usually eat: Twice a week
2. RED MEAT CHOICES* Beef, pork, lamb, veal	<input type="checkbox"/> Usually eat: High-fat cuts, such as ribs, brisket, T-bone steak, prime rib, sausage	<input type="checkbox"/> Sometimes eat: High-fat cuts, such as ribs, brisket, T-bone steak, prime rib, sausage	<input type="checkbox"/> Sometimes eat: High-fat cuts, such as ribs, brisket, T-bone steak, prime rib, sausage
3. GROUND MEAT, BURGERS*	<input type="checkbox"/> Usually eat: Regular, chuck or lean ground beef with more than 15% fat	<input type="checkbox"/> Usually eat: Ground sirloin or round, ground turkey, or ground beef with 10-15% fat	<input type="checkbox"/> Usually eat: Ground sirloin or round, ground turkey, or ground beef with 10-15% fat
4. CHICKEN, TURKEY, ETC*	<input type="checkbox"/> Usually eat: Chicken, turkey, and other poultry with skin	<input type="checkbox"/> Sometimes eat: Chicken, turkey, and other poultry with skin	<input type="checkbox"/> Sometimes eat: Chicken, turkey, and other poultry with skin
5. FISH*	<input type="checkbox"/> Usually eat: Fish less than once a week	<input type="checkbox"/> Sometimes eat: Fish once a week	<input type="checkbox"/> Sometimes eat: Fish once a week
6. CHICKEN AND FISH CHOICES*	<input type="checkbox"/> Usually eat/often eat: Fried chicken and/or fried fish and shellfish	<input type="checkbox"/> Sometimes eat: Fried chicken and/or fried fish and shellfish	<input type="checkbox"/> Sometimes eat: Fried chicken and/or fried fish and shellfish
7. COLD CUTS, HOT DOGS, BREAKFAST MEATS*	<input type="checkbox"/> Usually eat/often eat: Salami, bologna, other cold cuts, hot dogs, bacon, sausage	<input type="checkbox"/> Sometimes eat: Salami, bologna, other cold cuts, hot dogs, bacon, sausage	<input type="checkbox"/> Sometimes eat: Salami, bologna, other cold cuts, hot dogs, bacon, sausage
8. SERVING SIZES OF MEATS (COOKED)*	<input type="checkbox"/> Usually eat: Large portions (7 oz. or more)	<input type="checkbox"/> Usually eat: Medium portions (4-6 oz.)	<input type="checkbox"/> Usually eat: Medium portions (4-6 oz.)
9. MEATLESS MAIN DISHES Such as all-bean chili, bean burrito, lentil soup, meatless spaghetti sauce	<input type="checkbox"/> Rarely eat: Meatless main dishes	<input type="checkbox"/> Usually eat: Meatless main dishes—less than twice a week	<input type="checkbox"/> Usually eat: Meatless main dishes less than twice a week or more



Rate your plate

If you are a vegetarian, check column C for these () topics.

TOPIC	A	B	C
10. EATING OUT* In restaurants or getting takeout	<input type="checkbox"/> Usually eat out or get take-out food: Twice a week or more	<input type="checkbox"/> Usually eat out or get take-out food: Once a week or more	<input type="checkbox"/> Usually eat out or get take-out food: Less than once a week or usually get low-fast restaurant meals
11. EGG YOLKS*	<input type="checkbox"/> Usually eat: Six or more egg yolks a week	<input type="checkbox"/> Usually eat: Four to five egg yolks a week	<input type="checkbox"/> Usually eat: Three yolks or less a week or , I usually eat cholesterol-free egg Substitutes
12. MILK*	<input type="checkbox"/> Usually eat: Whole milk or cream	<input type="checkbox"/> Usually eat: 2% reduced-fat milk	<input type="checkbox"/> Usually eat: 1% reduced-fat milk
13. CHEESE* Include cheese on pizza, sandwiches, snacks and in dishes	<input type="checkbox"/> Usually eat: Regular cheese, such as cheddar, Swiss, and American	<input type="checkbox"/> Sometimes eat: Regular cheese, such as cheddar, Swiss, and American	<input type="checkbox"/> Sometimes eat: Reduced-fat or part-skim cheese or I rarely eat cheese
14. FROZEN DESSERTS* Ice cream, etc.	<input type="checkbox"/> Usually eat: Regular ice cream, ice cream	<input type="checkbox"/> Sometimes eat: Regular ice cream, ice cream bars/ sandwiches	<input type="checkbox"/> Usually eat: Sherbet, sorbet, low-fat, frozen yogurt or ice cream or I rarely eat ice cream
15. COOKING METHOD	<input type="checkbox"/> Usually add: Oil, butter, or margarine to the pan	<input type="checkbox"/> Sometimes add: Oil, butter, or margarine to the pan	<input type="checkbox"/> Usually: Broil, bake, or steam without pan fats or oils or use cooking sprays
16. COOKING FATS & OILS* Choices for cooking and baking	<input type="checkbox"/> Usually use: Butter, stick margarine, Shortening (i.e. Crisco™), bacon drippings, and/or lard	<input type="checkbox"/> Usually use: Liquid or tub margarine for cooking or baking	<input type="checkbox"/> Usually use: Oils such as olive, corn, Canola for cooking or cook without fat/oils
17. FRIED FOODS Such as French fries, egg rolls, etc.	<input type="checkbox"/> Often eat: Fried foods	<input type="checkbox"/> Sometimes eat: Fried foods	<input type="checkbox"/> Rarely eat: Fried foods
18. SPREADS Added on the table	<input type="checkbox"/> Usually put: Butter or stick margarine on bread, potatoes, vegetables, etc.	<input type="checkbox"/> Usually put: Liquid or regular tub margarine on bread, potatoes, vegetables, etc.	<input type="checkbox"/> Usually put: "Light" tub margarine on bread, potatoes, vegetables, etc. w I eat them plain
19. SALAD DRESSING & MAYONNAISE	<input type="checkbox"/> Usually use: Regular dressing or mayonnaise	<input type="checkbox"/> Sometimes use: Regular salad dressing or mayonnaise	<input type="checkbox"/> Usually use: Light or fat-free dressing or mayo
20. SNACKS	<input type="checkbox"/> Usually/often eat: Regular chips, crackers, and nuts	<input type="checkbox"/> Sometimes eat: Regular chips, crackers, and nuts	<input type="checkbox"/> Usually eat: Fruit, pretzels, low-fat crackers, and baked chips
21. DESSERTS & SWEETS	<input type="checkbox"/> Usually/often eat: Donuts, cookies, cake, pie, pastry, or chocolate	<input type="checkbox"/> Sometimes eat: Donuts, cookies, cake, pie, pastry, or chocolate	<input type="checkbox"/> Usually eat: Fruit, angel food cake, low-fat or fat-free desserts and sweets



Rate your plate

If you are a vegetarian, check column C for these () topics.

TOPIC	A	B	C
22. GRAINS Breads, cereal, rice, pasta	<input type="checkbox"/> Usually eat: White breads; white rice; low- fiber cereals such as com flakes, Rice Krispies™, etc.	<input type="checkbox"/> Sometimes eat: White breads; white rice; low- fiber cereals such as com flakes, Rice Krispies™, etc.	<input type="checkbox"/> Usually eat: Whole grain breads; brown rice; whole grain cereals such as oat- meal, bran cereals, Wheaties™, etc.
23. FRUITS & VEGETABLES (1 serving = 1/2 cup)	<input type="checkbox"/> Usually eat: One serving or less a day	<input type="checkbox"/> Usually eat: Two to four servings a day	<input type="checkbox"/> Usually eat: Five or more servings a day

Find your Rate Your Plate score

Total checks in column A= _____ x1= _____

Total checks in column B= _____ x2= _____

Total checks in column C= _____ x3= _____

Total= _____

What does your score mean?

If your score is:

23-38 There are many ways you can make your eating habits healthier.

39-54 There are some ways you can make your eating habits healthier.

55-69 You are making many healthy choices

What's next?

Look back at your Rate Your Plate? Do you have any answers in Column C? If you do, great! You are already making some heart healthy choices.

Can you improve? Look at your answers in Columns A and R Where you checked Column A, can you start eating more like Column B? Over time, move toward Column C.

Set goals. Write down eating changes you are ready to make now.

Goal #1: _____

Goal #2: _____

Goal #3: _____

Begin today.

Make changes a little at a time. Let your new way of eating become a healthy habit.