

Cardiac Rehabilitation Orientation Checklist



Plan to spend 2 hours with us for the initial appointment. You will be exercising this day, so please plan accordingly. If you feel you cannot exercise, please reschedule your appointment.

- Bring your completed Medical History Form and Patient Information Questionnaire (PHQ-9)
- Bring your photo ID and insurance card(s). Lockers are available to store your valuables.
- Please eat breakfast or lunch before your appointment. You will not be permitted to exercise if you have not eaten.
- Take your medications as prescribed.
- Dress for exercise. Dress in layers, wear appropriate shoes and pants that stay up when a monitor is attached.

If you have diabetes:

- Bring your glucometer and test strips to each visit
- Bring a snack
- Be prepared for a foot exam on orientation day
- Co-pays can be made to our department secretary
- Orientation will be held in our exercise gym in Suite 55



Over the last 2 weeks, how often have you been bothered by any of the following problems? Circle your responses below.

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

For office coding 0 + + +
Total score =

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



Name: _____ Age: _____ DOB: _____

Address: _____

Email: _____

Phone #: _____ Work #: _____ Social Security #: _____

Marital status: Married Single Widowed Divorced

Race: Black Caucasian Hispanic Native American Asian Pacific Islander Other _____

Ethnicity: Hispanic Non-hispanic Unknown Refused

Religion: _____ **Occupation:** _____

Employer: _____

Full-time Part-time N/A Retired, date of retirement: _____

Employer's address: _____

Spouse's Name: _____ DOB: _____ Social Security #: _____

Spouse's employer: _____ Work #: _____

Full-time Part-time N/A Retired, date of retirement: _____

Whom to notify in case of emergency: _____

Relationship: _____ Phone #: _____

Referred by: _____

Primary insurance: _____ ID#: _____ Policy #: _____

Subscriber's name: _____

Secondary insurance: _____ ID#: _____ Policy #: _____

Subscriber's name: _____

MyAdventistHealth provides you secure access to your personal health records and test results—anywhere you have internet access. To sign up please provide the following.

Email: _____ Last 4 digits of your social security #: _____

Signature: _____ Date: _____ Time: _____



Name: _____ DOB: _____ Date: _____ Time: _____

Language preference: English Spanish Other _____

Education level: High school College Other _____

1. What are you being seen for today? Weight management Chronic kidney disease High blood pressure
 High cholesterol Celiac disease Other: _____

2. Year/age of diagnosis: _____ Family history of disease: Yes No

3. What concerns you most about your condition? _____

4. What is the hardest for you in caring for your condition? _____

5. Do you take medications? Yes, please complete the attached medication list No

6. Do you have other health problems? Yes, describe below No

Other medical conditions: _____

7. How do you learn best? Listening Reading Observing Doing Other: _____

8. Do you have difficulty with: Hearing Seeing Reading Speaking

Please explain any checked: _____

9. Do you have any cultural or religious practices or beliefs that influence how you care for your condition?

10. I have some control over whether I get complications from my condition or not: I agree Neutral Disagree

11. I struggle with making changes in my life to care for my condition: Agree Neutral Disagree

12. My level of stress is high: Agree Neutral Disagree

13. From whom do you get support for your condition? Family Co-workers Healthcare providers

Support group No one Other: _____

14. What are you most interested in learning from these nutrition education sessions? _____

15. Allergies (please list): _____

16. Surgeries or invasive procedures (please list): _____



**** Please do not write below this line ****

Education needs / Education plan:

- | | | |
|---|---|---|
| <input type="checkbox"/> Disease process | <input type="checkbox"/> Nutrition management | <input type="checkbox"/> Physical activity |
| <input type="checkbox"/> Using medications | <input type="checkbox"/> Preventing acute complications | <input type="checkbox"/> Preventing chronic complications |
| <input type="checkbox"/> Behavior change strategies | <input type="checkbox"/> Risk reduction strategies | <input type="checkbox"/> Psychosocial adjustment |
| <input type="checkbox"/> Group | <input type="checkbox"/> Individual | <input type="checkbox"/> Other: _____ |

Date: _____ Clinician signature: _____



Think about the way you usually eat. For each food choice, put a check mark in column A, B or C. Bring the completed form to your next clinic visit.

		A	B	C
1.	Meat cuts* <i>fresh beef, pork, lamb, veal</i>	<input type="checkbox"/> Usually eat: lean cuts from the round, loin or leg; ham or, seldom eat meat	<input type="checkbox"/> Sometimes eat: higher-fat cuts, such as chuck, ribs, brisket, T-bone steak, prime rib	<input type="checkbox"/> Usually/often eat: higher-fat cuts
2.	Chicken, turkey*	<input type="checkbox"/> Usually eat: without skin	<input type="checkbox"/> Sometimes eat: with skin	<input type="checkbox"/> Usually eat: with skin
3.	Ground meat and poultry	<input type="checkbox"/> Usually eat: 5-7% fat (93-95% lean); ground turkey breast, or, seldom eat	<input type="checkbox"/> Usually eat: 10-15% fat; ground turkey (dark and white meat)	<input type="checkbox"/> Usually/often eat: regular ground meat, with 20% fat or more
4.	Processed meat and poultry* <i>cold cuts, hot dogs, sausage, breakfast meats</i>	<input type="checkbox"/> Usually eat: lower-fat choices from lean meat or poultry; veggies breakfast links, or seldom eat	<input type="checkbox"/> Sometimes eat: higher-fat choices, such as salami, bologna, hot dogs, bacon, sausage	<input type="checkbox"/> Usually/often eat: higher-fat choices
5.	Portion size of meat and poultry* <i>cooked or processed</i>	<input type="checkbox"/> Usually eat: small portions (\leq 3 oz.) deck of cards	<input type="checkbox"/> Usually eat: medium portions (4-6 oz.)	<input type="checkbox"/> Usually/often eat: large portions (78 oz. or more)
6.	Fish, shellfish*	<input type="checkbox"/> Usually eat: twice a week or more, especially oily fish like salmon, herring or sardines	<input type="checkbox"/> Usually eat: any type once a week	<input type="checkbox"/> Usually eat: any type less than once a week
7.	Cooking method* <i>for poultry, fish, meat</i>	<input type="checkbox"/> Usually: cook without added fat or use vegetable oil spray	<input type="checkbox"/> Sometimes: cook with added fat or deep fry	<input type="checkbox"/> Usually/often: cook with added fat or deep fry
8.	Meatless meals* <i>veggie burgers, vegetable or bean soups, meatless spaghetti sauce, tofu, rice and beans</i>	<input type="checkbox"/> Usually eat: twice a week or more	<input type="checkbox"/> Usually eat: less than twice a week	<input type="checkbox"/> Rarely eat: meatless meals
9.	Whole eggs*	<input type="checkbox"/> Usually eat: 3 or less a week OR egg substitutes OR egg whites only	<input type="checkbox"/> Sometimes eat: 4 or more a week	<input type="checkbox"/> Usually eat: 4 or more a week
10.	Milk <i>includes yogurt, cream</i>	<input type="checkbox"/> Usually use: 1% or skim milk, fat-free or low-fat yogurt, fat-free 1/2 and 1/2	<input type="checkbox"/> Sometimes use: 2% or whole milk, full-fat yogurt, regular 1/2 and 1/2	<input type="checkbox"/> Usually use: 2% or whole milk, full-fat yogurt, light cream
11.	Cheese* <i>includes cheese for pizza, sandwiches, snacks, mixed dishes, etc.</i>	<input type="checkbox"/> Usually eat: reduced-fat or part-skim	<input type="checkbox"/> Sometimes eat: regular cheese, such as cheddar, Swiss and American	<input type="checkbox"/> Usually eat: regular cheese
12.	Dairy foods <i>1 serving = 1 cup milk or yogurt, 1 1/2 oz. cheese</i>	<input type="checkbox"/> Usually eat or drink: 2 or more servings a day	<input type="checkbox"/> Usually eat or drink: 1 serving a day	<input type="checkbox"/> Rarely eat or drink

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



Think about the way you usually eat. For each food choice, put a check mark in column A, B or C. Bring the completed form to your next clinic visit.

		A	B	C
13.	Whole grains <i>1 serving = 1 oz. slice bread; ½ English muffin; ½ cup rice or pasta; 5 crackers; tortilla; mini bagel; 3 cups light popcorn</i>	<input type="checkbox"/> Usually eat: 3 or more servings a day, 100% whole wheat bread and pasta, brown rice, whole grain cereals, i.e., oatmeal, raisin bran, Wheaties®	<input type="checkbox"/> Sometimes eat: 1 or 2 servings a day	<input type="checkbox"/> Usually eat: mostly refined grains, i.e., white bread, white rice, saltine crackers, corn flakes, Rice Krispies®, Special K®
14.	Fruits and vegetables <i>includes legumes; 1 cup = medium whole fruit or potato, large tomato or ear corn, 2 cups raw leafy greens</i>	<input type="checkbox"/> Usually eat: 4-5 cups a day	<input type="checkbox"/> Usually eat: 2-3 cups a day	<input type="checkbox"/> Usually eat: 0-1 cups a day
15.	Cooking method <i>for vegetables, pasta, rice</i>	<input type="checkbox"/> Usually prepare: without fat and sauces OR use vegetable oil spray	<input type="checkbox"/> Sometimes prepare: with sauce, butter, margarine, or oil	<input type="checkbox"/> Usually prepare: with sauce, butter, margarine, oil
16.	Fat type in cooking <i>includes baking</i>	<input type="checkbox"/> Usually use: olive or Canola oil, or usually cook without added fat	<input type="checkbox"/> Usually use: other oils, tub margarine	<input type="checkbox"/> Usually use: butter, bacon drippings, stick margarine, lard, shortening
17.	Salt from processed foods	<input type="checkbox"/> Always/usually: compare and choose lower-sodium options	<input type="checkbox"/> Sometimes: consider sodium content	<input type="checkbox"/> Rarely/never: consider sodium content
18.	Spreads <i>added at the table on bread, potatoes, vegetables, pancakes, sandwiches, etc.</i>	<input type="checkbox"/> Usually use: spray or light tub margarine	<input type="checkbox"/> Usually use: regular tub margarine	<input type="checkbox"/> Usually use: butter or stick margarine
19.	Salad dressings, mayonnaise	<input type="checkbox"/> Usually use: fat-free or low-fat salad dressings and mayonnaise, or, seldom eat	<input type="checkbox"/> Usually use: light salad dressings and mayonnaise	<input type="checkbox"/> Usually use: regular salad dressings and mayonnaise
20.	Snack foods	<input type="checkbox"/> Usually eat: plain pretzels, light popcorn, baked chips, or, seldom eat	<input type="checkbox"/> Sometimes eat: regular chips and popcorn, flavored pretzels	<input type="checkbox"/> Usually/often eat: regular chips and popcorn
21.	Nuts and seeds <i>includes nut butters serving size = ¼ cup nuts, 2 T. peanut butter</i>	<input type="checkbox"/> Usually eat: 3 servings or more a week	<input type="checkbox"/> Usually eat: 1-2 servings a week	<input type="checkbox"/> Usually eat: 1 or less servings a week
22.	Frozen desserts	<input type="checkbox"/> Usually eat: sherbet, sorbet, fruit juice bars, low-fat ice cream or frozen yogurt, or seldom eat	<input type="checkbox"/> Sometimes eat: regular ice cream, ice cream bars/sandwiches	<input type="checkbox"/> Usually eat: regular ice cream, ice cream bars/sandwiches
23.	Sweets, pastries and candy	<input type="checkbox"/> Usually eat: angel food cake, low-fat or fat-free products, or, seldom eat	<input type="checkbox"/> Sometimes eat: donuts, cookies, cake, pie, pastry or chocolate candy	<input type="checkbox"/> Usually/often eat: donuts, cookies, cake, pie, pastry or chocolate candy
24.	Eating out <i>eat in or take out, any meal</i>	<input type="checkbox"/> Seldom eat out or, usually choose lower-fat menu items	<input type="checkbox"/> Usually eat: 1-2 times a week	<input type="checkbox"/> Usually eat: 3 times a week or more



Find your Rate Your Plate score

Total checks in column A = _____ x3 = _____

Total checks in column B = _____ x2 = _____

Total checks in column C = _____ x1 = _____

TOTAL = _____

If your score is:

58 – 72: you are making many healthy choices

41 – 57: there are some ways you can make your eating habits healthier

24 – 40: there are many ways you can make your eating habits healthier

Look at your Rate Your Plate responses

Do you have any responses in column A? If you do, great! You are already making some heart healthy choices. Look at your responses in columns B and C. Where you checked column C, can you start eating more like column B? Over time, move toward column A.

Think about changes. Write down eating changes you are **ready to consider**.

Change #1: _____

Change #2: _____

Change #3: _____

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

Set goals. After discussion with your doctor, write down eating changes you are **ready to work on**.

Change #1: _____

Change #2: _____

Change #3: _____