

Cardiac Rehabilitation Assessment Results

Date: [Insert Date]

Patient Name: [Insert Patient Name]

Patient ID: [Insert Patient ID]

Assessment Summary

Dear [Patient Name],

We are pleased to provide you with the assessment results following your participation in the cardiac rehabilitation program.

1. Functional Capacity

Your exercise capacity has improved significantly. The results are as follows:

- Initial Functional Capacity: [Insert Initial Value]
- Current Functional Capacity: [Insert Current Value]
- Increase: [Insert Increase Value]

2. Vital Signs

Your vital signs were monitored throughout the program:

- Resting Heart Rate: [Insert Value]
- Blood Pressure: [Insert Value]
- Oxygen Saturation: [Insert Value]

3. Risk Factor Management

Progress in managing your risk factors:

- Weight: [Insert Initial and Current Weight]
- Cholesterol Levels: [Insert Initial and Current Levels]
- Blood Sugar Levels: [Insert Initial and Current Levels]

Recommendations

Based on your assessment results, we recommend the following:

- Continue your exercise program at least [Insert Frequency]

- Maintain a heart-healthy diet
- Follow-up with your physician [Insert Follow-Up Timeline]

Thank you for your commitment to improving your heart health. If you have any questions, please do not hesitate to contact us.

Sincerely,

[Your Name]

[Your Title]

[Healthcare Facility Name]

[Contact Information]