# **Discharge Instructions**

## **Post-Cardiac Rehabilitation**

Date:	<del></del>
Patient Name: _	
Patient ID:	

### **Overview of Your Program**

You have successfully completed your cardiac rehabilitation program. This program was designed to help you recover and improve your heart health through exercise, education, and lifestyle changes.

#### **Follow-Up Appointments**

Please ensure you schedule follow-up appointments with your cardiologist within the next 2 weeks.

#### **Recommended Activities**

- Continue with daily physical activities as recommended.
- Engage in at least 150 minutes of moderate-intensity exercise each week.
- Participate in stress-reducing activities such as yoga or meditation.

## **Medication Management**

Continue taking prescribed medications as directed. It's crucial to adhere to your medication schedule.

## **Dietary Recommendations**

- Maintain a heart-healthy diet, low in saturated fats and sodium.
- Incorporate more fruits and vegetables into your meals.

## **Warning Signs**

Please contact your healthcare provider if you experience:

- Chest pain or discomfort
- Shortness of breath
- Severe fatigue or dizziness

• Swelling in your legs or feet

## **Resources for Support**

If you need additional sat:	support or have question	ns, please feel free	e to reach out to or	ur support team
Phone:	Email:			
Thank you for your co	nmitment to improving	g your heart health	!	
Signature:				
Title:				