

# Heart Attack Discharge Form

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## I know that I have had a Heart Attack & that I need to do the following:

### 1. Take Medicine. I understand that there are certain medications which may help to prevent a future heart attack and may help to extend my life.

Aspirin – \_\_\_\_\_ mg daily  Yes  Does not apply to me because:

ACE inhibitor – \_\_\_\_\_  Yes  Does not apply to me because:

A measure of how well my heart is pumping is my *ejection fraction*. My ejection fraction = \_\_\_\_\_%

Beta blocker - \_\_\_\_\_  Yes  Does not apply to me because:

Cholesterol lowering - \_\_\_\_\_  Yes  Does not apply to me because:

My cholesterol values are as follows:

Total Cholesterol (TC) = \_\_\_\_\_ (goal: less than 200)

Low Density Cholesterol (LDL) = \_\_\_\_\_ (goal: less than 100)

High Density Cholesterol (HDL - “good” cholesterol) = \_\_\_\_\_ (goal: between 40-96)

Sublingual nitroglycerin tablets \_\_\_\_\_  Yes  Does not apply to me because:

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### 2. Quit Smoking. I understand that smoking increases my chances of suffering from a future heart attack and that smoking causes other illnesses which may shorten my life.

I smoke and have been counseled to stop.  Yes  I do not smoke.

I will stop smoking by (date) \_\_\_\_\_

I have been given medication to help me stop:  
\_\_\_\_\_

Referral to smoking cessation classes:

Call \_\_\_\_\_ at phone \_\_\_\_\_

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### 3. Eat a Low-Fat Diet. I understand that a diet that is low in cholesterol and fat may help to reduce my chances of suffering a future heart attack.

I have received counseling about a low fat diet.  Yes  No  Does not apply to me because

Nutrition Services Contact: Call \_\_\_\_\_ at phone \_\_\_\_\_

### 4. Exercise Regularly

172855/mg

I have received activity instructions for the next 4-6 weeks, before I start cardiac rehabilitation.  Yes  No

I have received a referral to an outpatient cardiac rehabilitation program.  Yes  No

Cardiac rehabilitation contact: Call \_\_\_\_\_ at phone: \_\_\_\_\_  Does not apply because \_\_\_\_\_

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**5. Learn about heart disease.**

I have received cardiac education (AHA packet) during my hospitalization.  Yes  No

I know warning signs & symptoms of heart attack & action to take if they occur.  Yes  No

I have received instructions on my discharge medications.  Yes  No

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**6. Follow-Up with my physician.**

I have a follow-up appointment made with my physician.  Yes  No  Does not apply

The number to call if I have not received a follow-up Appointment in 2 weeks is \_\_\_\_\_ - \_\_\_\_\_.

Nurse/ Physician Signature/Date:	Patient Signature/Date:
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