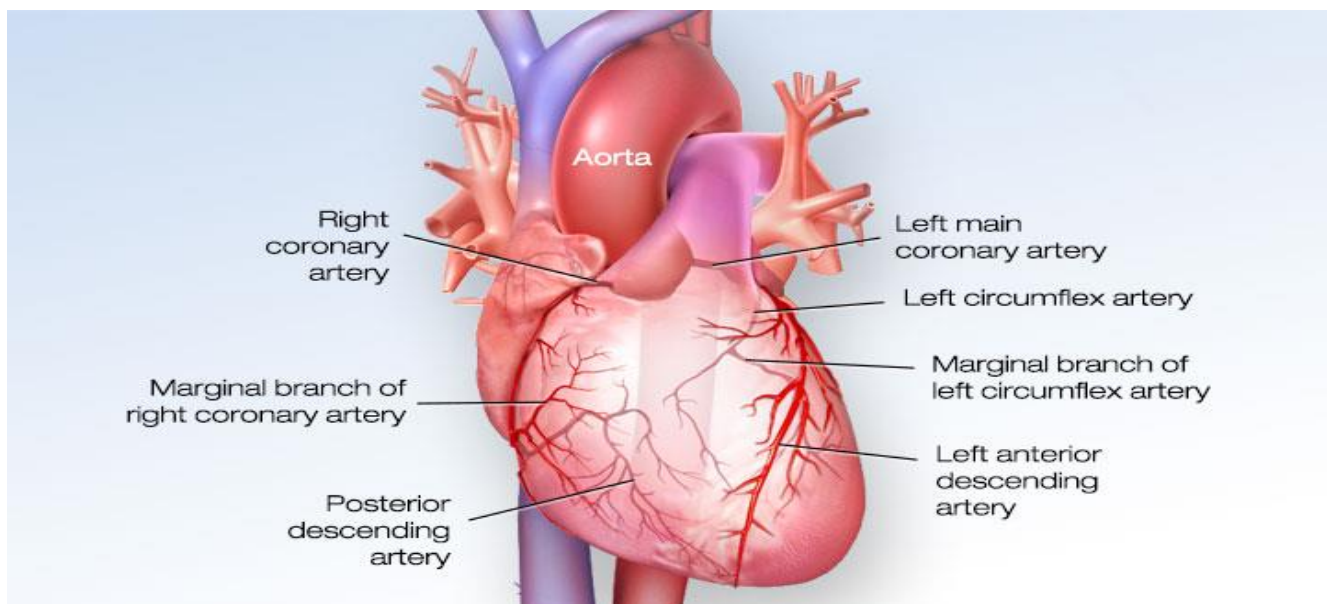


MY DIAGNOSIS:

MI	Myocardial Infarction	Heart Attack
STEMI	ST Elevation Myocardial Infarction	Most severe type of heart attack
NSTEMI	Non-ST Elevation Myocardial Infarction	Type of heart attack
ACS	Acute Coronary Syndrome	Diagnosis that encompasses cardiac-related chest pain & heart attack
CAD	Coronary Artery Disease	Narrowing of arteries due to plaque build-up of cholesterol and fat

MY CARDIAC INTERVENTION/ANGIOGRAM (HEART CATHETERIZATION) RESULTS:**MY TEST RESULTS:**

	Why this test is important?	How the value is obtained?	Target Value	My Value
Troponin	Cardiac marker in your blood that indicates heart muscle damage & allows for diagnosis of heart attack	Blood test	0	
Ejection Fraction (EF)	Evaluates heart function (amount of blood the heart pumps with each beat)	Echocardiogram	60-70%	
Blood Pressure	Measure of how hard your blood is pushing against the walls of your arteries. High blood pressure damages your artery walls and makes your heart work hard to push blood to the rest of your body.	Blood Pressure Cuff on your arm	130/80	

ROOM #:

PATIENT NAME:

MRN:

MY LIPIDS (CHOLESTEROL):

	Total	HDL Good Cholesterol	LDL Bad Cholesterol	Triglycerides
My Level				
Target	100-199	Greater than 40	Less than 100	0-149

MY MEDICATIONS:

	Dose	Type of Drug	Why do I need this medication?
Aspirin		Blood thinner	Blood thinner
		Beta-Blocker	Lowers blood pressure & heart rate; also lowers how hard your heart has to work
		Statin	Lowers cholesterol
		Blood thinner Anti-platelet	Blood thinner used in combination with aspirin; prevents clots from forming around your stent

Your cardiologist will determine how long you need to be on these medications.
DO NOT STOP ANY MEDICATIONS UNLESS YOUR CARDIOLOGIST TELLS YOU TO.

MY RISK FACTORS:

DIABETES	STRESS	SMOKER
AGE (men 45 years & women age 55)	FAMILY HISTORY	PREVIOUS HEART ATTACK OR STENTS
INACTIVITY	HIGH CHOLESTEROL	OVERWEIGHT
STIMULANT DRUGS	HIGH BLOOD PRESSURE	

MY TREATMENT PLAN:

- | | |
|---|---|
| 1. My doctor has referred me to Intensive Cardiac Rehab and I will call 982-4035 to Schedule an appointment. | 5. Regular follow-up with my Cardiologist. |
| 2. Eat a heart healthy diet. Low fat, low salt, low cholesterol. | 6. |
| 3. Exercise every day. | 7. |
| 4. Take my medications every day. | 8. |

ROOM #:

PATIENT NAME:

MRN: