

CARDIOVASCULAR REHAB SCHEDULE

Weekly Physical Activity & Vital Monitoring

Week Of: _____

DAY	EXERCISE TYPE / DURATION	INTENSITY (RPE 1-10)	HEART RATE (PRE/POST)	BLOOD PRESSURE
Monday			bpm / bpm	mmHg
Tuesday			bpm / bpm	mmHg
Wednesday			bpm / bpm	mmHg
Thursday			bpm / bpm	mmHg
Friday			bpm / bpm	mmHg
Saturday			bpm / bpm	mmHg

DAY	EXERCISE TYPE / DURATION	INTENSITY (RPE 1-10)	HEART RATE (PRE/POST)	BLOOD PRESSURE
Sunday			bpm / bpm	mmHg

SYMPTOMS & PRECAUTIONS

Note any dizziness, shortness of breath, or chest discomfort.

WEEKLY GOALS & MEDICATION CHANGES

Specific targets set by your clinical team.

This document is a template for personal tracking and should be reviewed by your healthcare provider.