Patients with Chronic Obstructive Pulmonary Disease (COPD)

Referral for exercise classes under supervision at Cardiac Exercise Club@SW19

PATIENT DETAILS

|  |  |
| --- | --- |
| Fore names | Family Name |
| Address  Post Code Telephone Number | |

D O B Next of Kin Tel Number

MEDICAL HISTORY

|  |  |
| --- | --- |
| Pulmonary | Cardiovascular |
| Musculoskeletal | Other |

|  |
| --- |
| MEDICATIONS |

EXERCISE HISTORY

DATE OF COMPLETION OF REHAB: Compliance with Rehab: HIGH MEDIUM LOW

Ten metre Shuttle Walk -START of REHAB MTS End of REHAB MTS

Exercise Limiting Factors

EXERCISE TOLERANCE Duration (Mins) Intensity (BORG)

**Social Considerations**

|  |  |
| --- | --- |
| **Housing/Family** | **Activities of Daily Living** |
| **Specific Exercise Considerations** | **Patient Goals** |
| **Further Notes** | |

**DECLARATION:**

The Patient named in this referral has successfully completed the rehabilitation programme at

and Is suitable to continue their exercise programme in the community-based programmes at the Cardiac Exercise Club@SW19

NAME: POSITION:

DATE: SIGNATURE:

**Suggested Exercise Programme**

**Name: Position:**

**Date: Signature:**