

Insert program address and phone

Date:

Dear

Your health professional has referred you to our pulmonary rehabilitation program.

This is a program for people with chronic lung disease and involves gentle exercise and education (a brochure is enclosed).

Before commencing this program an assessment is required.

Assessment date: _____ **Time:** _____

Location: _____

Wear: Comfortable clothing and shoes.

Bring:

- A list of current medications
- Any walking aids if required
- Portable oxygen if required
- Your reading glasses if required
- If possible, it can be beneficial to bring your partner or support person

You will need to allow a couple of hours for this appointment.

If you are not able to attend, or have any questions, please contact the co-ordinator (below) as soon as possible.

Yours sincerely,

Insert name

Pulmonary Rehabilitation Coordinator

Insert contact details