

Insert referrer's name

Referrer's Address

Date:

Dear

Re: *Insert patient's details*

Thank you for referring *(Name)* to Pulmonary Rehabilitation.

(Name) completed/did not complete the pulmonary rehabilitation program on *(Date)*

The table below presents the results of the pre and post program assessments.

Tests performed			Result			
			Initial – Date:		Final – Date:	
Lung Function Tests:						
FEV ₁	FVC	FEV ₁ % predicted				
Six-minute walk test (metres walked) – measure of exercise capacity						
Oxygen saturation (%) at rest						
Oxygen saturation (%) at the end of 6MWT						
Dyspnoea score (0-10 scale) during 6MWT						
Quality of life score (<i>name questionnaire</i>)						

Other Comments: _____

Yours sincerely,

Pulmonary rehabilitation program co-ordinator

Ph: