

Consent to participate in a home based pulmonary rehabilitation program

Patient name:	Record No:	
Patient address:		
Referred by:	Date commend	ing:
I have explained to the patient t program, the objectives of whic	that he/she is part of a home based pulm h are to:	onary rehabilitation
Increase exercise tolerance	e	
• Improve quality of life		
Decrease frequency and see	everity of symptoms	
Enhance self-management	t skills	
Improve mood and motiva	ation	
Reduce health care burder	n for patients and their families	
• Improve survival		
I have explained their right to w	rithdraw from the program at any time.	
Signature of staff member	Print Name	Date
I hereby wish to be admitted to the hon explained to me. I understand that I reso		ogram, the objectives of which have been
I authorise	to use information from my he	ealth records for the purpose of
evaluating the program.		
Patient's Signature	Print Name	Date