

Pulmonary Rehabilitation Exercise Consent Form

I have been provided with information relating to my participation in Pulmonary Rehabilitation. I understand the purpose and objectives of these services and wish to enroll as a participant. I understand that pulmonary rehabilitation consists of regular evaluations to determine how I am progressing, possible laboratory tests, and ongoing review of my pulmonary symptoms and compliance with my prescribed medications.

I realize that the exercise schedule will require 1-2 hours of time, several days per week. During the exercise session I will be supervised by the pulmonary rehab staff who are alert to changes that might suggest modification in my exercise. I have been instructed and understand that I am to report any change in symptoms promptly to the pulmonary rehab staff. I acknowledge I have been told that there is some risk in helping to make inactive people more independent. There is some chance of, as yet unforeseen, a medical emergency developing as the result of increasing my activity; but I understand that without some there is a risk I am destined to never be any more active than I am now. In rare instance, heart attack or cardiac arrest possibly resulting in death have occurred during or after exercise, although the relationship of these events may or may not be established.

I authorize the pulmonary rehab staff to release any information obtained from my exercise sessions or evaluations to my primary care physician and my pulmonary physician and to others per my request.

I have read the foregoing and understand it. Any questions that have arisen or occurred to me have been answered to my satisfaction.

Patient Name _____ Witness Name _____

Signature _____ Signature _____

Date _____ Date _____