|  |  |  |
| --- | --- | --- |
| Insert facility logo | Enquiries to: |  |
| Telephone: |  |
| Facsimile: |  |
|  |  |

**Exercise rehabilitation summary report**

**Date:** (Insert date)

Dear Dr (Doctor's Name),

**RE:** (Insert patient name) **DOB:** (Insert date of birth)

(Insert patient name) recently attended an outpatient exercise rehabilitation program from (insert attendance dates) at the (insert name). The program consisted of individualised and supervised exercise training as well as multidisciplinary education sessions. Results are listed below.

|  |  |  |  |
| --- | --- | --- | --- |
| **Assessment item** | **Pre assessment****date** | **Post assessment****date** | **Comment** |
| 6 Minute Walk Test |  |  |  |
| Quality of Life (total) |  |  |  |
| Insert other |  |  |  |
| Insert other |  |  |  |

(insert comments regarding patient's progress)

(Insert patient name) has been provided with an individualised home program and has been advised to contact us with any ongoing concerns.

If you have any queries regarding this patient’s rehabilitation, please do not hesitate to call.

Yours sincerely,

(Insert staff name)

(Insert staff designation)