**[PLEASE REVIEW AND UPDATE AS APPROPRIATE TO YOUR SERVICE]**

PR Service name

Address

Tel

Patient name

Address

Date

Dear [Patient]

**Pulmonary Rehabilitation Programme**

We would like to confirm that you have been booked on to a course of pulmonary rehabilitation classes. The course lasts for 12 sessions spread over 6 weeks and each session lasts approximately 2 hours. The course combines physical exercise sessions with discussion and advice on lung health and is designed to help you to manage the symptoms of your condition, including getting out of breath. The class timetable is set out below.

**Class schedule**

|  |  |
| --- | --- |
| **Monday 3 October 2016 10am** | **Thursday 6 October 2pm** |
| **Monday 10 October 2016 10am** | **Thursday 13 October 2pm** |
| **Monday 17 October 2016 10am** | **Thursday 20 October 2pm** |
| **Monday 24 October 2016 10am** | **Thursday 27 October 2pm** |
| **Monday 31 October 2016 10am** | **Thursday 3 November 2pm** |
| **Monday 7 November 2016 10am** | **Thursday 10 November 2pm** |

Please report to **[instructions]** on arrival. Classes take place in **[the gym]** – please wear comfortable clothing and footwear and please bring any medication or inhalers that you may need.

Further information on **[what to expect from PR and details of how to find us are enclosed]**. In the meantime, if you have any questions please contact **[the team/named individual on 01234 56789]**.

If you are unwell\*, or if you are unable to make any of these sessions for any reason, please let us know as soon as possible on **[01234 …]. [Please give details of any consequences of non-attendance e.g. will it be possible to make up missed classes at a later date, could sessions be offered to other patients…?]**

\*If you develop ***diarrhoea and/or vomiting*** within 48 hours of a session please contact us to rearrange.

We look forward to seeing you on **[DATE]**.

*“After the first series of exercises, I began to feel a difference in my breathing and my confidence grew”*

***- PR Patient***

Yours sincerely,

**Pulmonary Rehabilitation Team**

**Programme location information**

[PICTURE of SITE]

**Location:**

[Programme] is based at [address]

[INSERT MAP]

[On reaching the site…[any further instructions]]

**Travelling:**

**By train** – [give details and estimate of walking time from railway station].

[details of any particular services that coincide with clinics?]

[INSERT MAP with route from station marked]

**By bus** – [details of bus numbers, times, particular services that coincide with clinics, and any estimated walking time].

[INSERT MAP with bus stops and route from stop marked]

**By car** – [details including parking arrangements].