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

**PR CONSENT FORM**

Name:

NHS/Hospital ID:

DOB:

GP:

GP tel: *Affix patient label if available*

I understand that the purpose of this Pulmonary Rehabilitation (PR) programme is to provide safe and individualised exercise to improve health and fitness. The exercises included in the programme are:

* Exercises that increase my heart rate and breathing rate
* Strengthening exercises
* Stretches

I understand that PR has been shown to be beneficial and can:

* Help to improve your muscle strength, so you can use the oxygen you breathe more efficiently.
* Improve your general fitness and help you to cope better with feeling out of breath.
* Help you to feel to stronger and fitter, and able to do more.

Taking part will help you learn how to exercise in a safe and sociable environment. Most people enjoy the programme, gain confidence and benefit from meeting others in a similar situation and sharing their experiences.

Certain changes may occur during or following the exercise session. These changes may relate to blood pressure, heart rate or breathing rate and the appropriate supervision will be provided. You will get out of breath during the course; this is part of the therapy.

I understand that I am responsible for informing the trained staff if I feel unwell during the exercise programme. If any unusual symptoms occur, I will stop exercising immediately and inform the trained staff. [I agree to the use of nebulised salbutamol in the event of breathlessness not eased by the use of my inhaler.]

The exercise programme has been explained to me and any questions regarding the programme have been answered to my satisfaction. **[I have been provided with [details of any patient literature]].**

I confirm I will adhere to the programme designed by the pulmonary rehabilitation team and the advice given regarding the safety of exercising. I understand that regular attendance is necessary to gain benefits. **[Details of any consequences of non-attendance e.g. will it be possible to make up missed classes at a later date?]**

I understand I am free to withdraw from the PR programme at any time and that this will not affect my access to other healthcare. I will inform the pulmonary rehabilitation team if I wish to do so. However, I understand that to maximise the benefits of pulmonary rehabilitation, it is recommended that the whole programme is completed.

Any information obtained by the pulmonary rehabilitation team will be treated as privileged and confidential. Many of our patients participate in active research projects within pulmonary rehabilitation and you may be approached by one of the research team to see if you would also be able to help.

**To the best of my knowledge, I have given all relevant information on health and activity levels. I consent to participate in this PR programme.**

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| Patient signature:  Name: | Date: |