

**McLAREN FLINT**  
**Flint, Michigan**  
**PULMONARY REHABILITATION**  
**BLOOD PRESSURE RECORD**

Dr. \_\_\_\_\_,

Your patient, \_\_\_\_\_, is currently participating in Pulmonary Rehab.  
 The following blood pressure values were measured during class.

Date	Resting Blood Pressure	Exercise Blood Pressure	Post-exercise Blood Pressure

Current medications: \_\_\_\_\_

Please check your recommendation below, sign and date, then fax to (810) 733-6965. If you have any questions please call us at (810) 342-5370.

Staff Member: \_\_\_\_\_

- No changes.
- Continue exercise. Have patient make an appointment at my office.
- Hold exercise. Have patient make an appointment at my office.
- Other: \_\_\_\_\_

\_\_\_\_\_  
**Physician Signature**

\_\_\_\_\_  
**Date**



PT.  
 MR.#/RM.  
 DR.