

McLaren Flint
PULMONARY REHABILITATION
INCOMPLETE PROGRAM REPORT

Dear Dr.: _____

Date: _____

_____ began participating in the Pulmonary Rehab
Program on _____.

In the education sessions with _____ we reviewed the following areas:

- ◆ Lung anatomy
- ◆ General knowledge about COPD / IPF
- ◆ Understanding usage & purpose of medications as prescribed
- ◆ The need for use of a holding chamber with all MDI administered medications.
- ◆ Breathing retraining techniques.
- ◆ Chest expansion techniques /bronchial hygiene.
- ◆ Flu /pneumonia vaccines.
- ◆ Strengthening exercises.

_____ has only been seen for _____ visits due to:

We would like to see _____ again, once these concerns are resolved.

Thank you for your referral and support.

Pulmonary Rehabilitation
G-3230 Beecher Rd, Lower Level
Flint, MI 48532
(810) 342-5370

RRT Signature
Pulmonary Rehab Staff

