

**McLaren Flint
Pulmonary Rehabilitation**

G-3230 Beecher Road, Suite LL • Flint, Michigan 48532

Phone: (810) 342-5370 • Fax: (810) 733-6965

PROGRESS REPORT

Date: _____ / _____ / _____

Dear Dr. _____ :

Thank you for referring your patient, _____ ,
to McLaren's Pulmonary Rehabilitation Program.

_____ has been seen for _____ exercise sessions.

O2 Requirements with Exercise:

O2 Saturation _____ % on _____ at rest prior to exercise: _____

Average Resting Data	Pre	Post
Heart Rate		
Blood Pressure		
Average Exercise Data	Initial Visit	Current Workloads
Treadmill		
NuStep		
Arm Ergometer		
Strength Training		

Comments: _____

If you have any questions, please contact us at **(810) 342-5370**.

Signature: _____ Date: _____ / _____ / _____

Kim DeJonghe, RRT; Cynthia DeVasher, RRT; Shawn Fatheree, RRT;
Lynne Leach, RRT; Valerie McLeod, RRT



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