

Dear Dr

**Approval for Patient to return to Phase 4 Cardiac Rehabilitation Sessions**

The Bournemouth Heart Club (BHC) is a charity operating from a purpose built centre in the Royal Bournemouth Hospital grounds. We run on-going, exercise classes for patients and partners who have completed the 7 week NHS Cardiac Rehabilitation course. The patient named below is a previous member of the BHC who has not attended an exercise session for over 6 months. We would be grateful if you could confirm, using this form, whether or not he/she is suitable to return to the BHC.

Patient Name Date of birth

Date of Last Exercise Session

Is **SUITABLE UNSUITABLE (\*Delete as appropriate)**

...to resume exercise at the BHC

All exercise sessions are supervised and include a warm up, exercise circuit and cool down. If the medical details requested below are satisfactory your patient will not need to attend a clinic beforehand... **Thank you for your co-operation in completing this form**

|  |  |  |
| --- | --- | --- |
| **Relevant Medical Details** | | |
|  | **Yes/No** | **Comments** |
| Angina |  |  |
| Heart Failure |  |  |
| Valve Heart Disease |  |  |
| Hypertension |  |  |
| Rhythm Disturbance |  |  |
| Pacemaker |  |  |
| Diabetes |  |  |
| Lung Disease |  |  |
| Mobility |  |  |
| Other (please specify) |  |  |
| **Current Medication**  (Please attach an updated List) |  |  |

Signed Dr Date

Your patient will collect this letter from reception and bring it with them to their first session.