

## Pulmonary Rehabilitation Physician Order

### Patient Information:

Patient Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Admitting Criteria (please circle all that apply):

#### Obstructive Diseases:

COPD – Chronic bronchitis, Emphysema,  
Asthma, Bronchiectasis, Cystic Fibrosis

#### Restrictive Diseases:

Interstitial fibrosis, Sarcoidosis, Kyphoscoliosis,  
Spondylitis, Parkinson's disease, Multiple sclerosis

#### Other:

Lung Cancer, Pulmonary hypertension, Volume  
reduction surgery, Morbid obesity, Sleep apnea

Onset Date: \_\_\_\_\_

### Exercise Prescription:

Therapy administered by Exercise Physiologists.

#### Mode(s) of Exercise:

- Treadmill
- Stationary Bike
- Upper-body Ergometry
- Stair Climber
- Elliptical Trainer
- Rower
- Nustep
- Resistance Training

Intensity: Target Heart Rate: \_\_\_\_\_

RPE: \_\_\_\_\_

Frequency: \_\_\_\_\_ days per week

Duration: \_\_\_\_\_ minutes

Length of Program: \_\_\_\_\_ weeks

Supplemental Oxygen: \_\_\_\_\_ L

Physician Signature: \_\_\_\_\_

Date: \_\_\_\_\_



Physician Order: Pulmonary Rehabilitation

Effective: 9/07

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