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| Insert facility logo | Enquiries to: |  |
| Telephone: |  |
| Facsimile: |  |
|  |  |

**Date:** (Insert date)

Dear Dr (Insert Doctor's Name),

**RE:** (Insert name) **DOB:** (Insert date of birth)

It is with pleasure that I recently reviewed (insert name) who has been referred to our outpatient heart rehabilitation program (insert relevant comments).

Results of initial assessment conducted today were as follows:

Wt (insert) kg BP (insert) mmHg HR (insert) bpm SpO2 (insert) %

6MWT = (insert)m (insert comments)

Quality of Life = (insert)

(Insert other relevant results)

**Exercise training:**

The program consists of individually prescribed, supervised exercise program of approximately one hour for (insert number) times per week.

**Education:**

Education sessions are provided by the multidisciplinary team and include a range of topics related to disease management and risk factor modification such as nutrition, medications, exercise and self management.

**Duration:** (no of weeks) weeks

**Commencement date:** (insert date)

Please do not hesitate to contact us on the phone number above for any queries.

Yours sincerely,

(Insert staff name)

(Insert staff designation)