



## TAKE HEART & BREATHE WELL REHABILITATION PROGRAM

### CLIENT AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION

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

Dear (MD/NP): \_\_\_\_\_

Your patient, \_\_\_\_\_ has expressed an interest in being a participant in our “Take Heart & Breathe Well” Cardiopulmonary Exercise Rehab Program. This program is in partnership between Island Health and the Municipal Recreation Centers on Vancouver Island. The goal of this program is to support clients with cardiopulmonary disease, or other chronic diseases, or at risk of these diseases to self-manage their health. The exercise program deliverer will work with these clients to develop a healthy lifestyle that includes regular exercise.

The Take Heart & Breathe Well Program will achieve its goal by working with clients to:

- ♥ Develop specific, individualized exercise programs that consider physical conditions/limitations and their goals.
- ♥ Increase clients’ exercise function and health (e.g. Quality of Life) by the end of their exercise program
- ♥ Assist clients to learn how to exercise independently and increase their exercise in a safe capacity

A Medical Recommendation for exercise is required before your patient can enter the Take Heart & Breathe Well Program.

**Please complete and sign the following form and fax it to Lisa Banks at the Take Heart & Breathe Well Program at the Saanich Commonwealth Place. Our fax number is 250-727-2649.**

Thank you in advance for your time and attention to this matter. Please contact me if you have any questions or concerns. **I can be reached at 250-475-7619**

Yours sincerely,  
Lisa Banks, RN, MSc.

I, (Patient Name) \_\_\_\_\_ authorize, (MD/NP Name) \_\_\_\_\_  
to complete the ‘Medical Recommendation For Exercise’ form for the Take Heart & Breathe Well Exercise Rehab Program offered at Saanich Commonwealth Place, Victoria, BC.

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date