



Lungs in Action Entry Form

Client Name _____

Date of birth ____/____/____ Contact Number _____ Gender Male Female

Address _____

Emergency contact: Name _____ Phone Number _____

Relationship to client _____

Has the participant completed a full course of Pulmonary or Heart Failure Rehabilitation Yes No

If NO >Mild Respiratory clients may complete the educational component of rehabilitation only. Complete? Yes No

> Rehabilitation Clinician is confident that participant is ready for Lungs in Action? Yes No

Please tick all that apply to this client

Lung Conditions	Heart Conditions	Other Medical Conditions
<input type="checkbox"/> Asthma <input type="checkbox"/> Bronchiectasis <input type="checkbox"/> COPD <input type="checkbox"/> Emphysema <input type="checkbox"/> Chronic Bronchitis <input type="checkbox"/> Cystic Fibrosis <input type="checkbox"/> Pulmonary Fibrosis <input type="checkbox"/> Interstitial Lung Disease <input type="checkbox"/> Lung Transplant <input type="checkbox"/> Sleep Apnoea <input type="checkbox"/> Uses Supplemental Oxygen (uses oxygen during exercise? Y/N) <input type="checkbox"/> Frequent exacerbations <input type="checkbox"/> O ₂ Sat continue to drop during recovery <input type="checkbox"/> Typical Recovery Times <input type="checkbox"/> Action Plan Y/N	<input type="checkbox"/> Cardiac Procedures <input type="checkbox"/> CABG <input type="checkbox"/> Stenting <input type="checkbox"/> Angioplasty <input type="checkbox"/> Devices <input type="checkbox"/> Pacemaker <input type="checkbox"/> AICD <input type="checkbox"/> IHD/ Angina <input type="checkbox"/> Previous MI <input type="checkbox"/> Heart Failure (EF: _____) <input type="checkbox"/> AF <input type="checkbox"/> Stroke <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Heart Valve Disease <input type="checkbox"/> Other _____ <input type="checkbox"/> Action Plan Y/N	<input type="checkbox"/> Anxiety <input type="checkbox"/> Arthritis <input type="checkbox"/> Depression <input type="checkbox"/> Diabetes (Insulin dependent? Y/N) <input type="checkbox"/> Frequent exacerbations <input type="checkbox"/> Incontinence <input type="checkbox"/> Illiterate <input type="checkbox"/> Kidney Condition <input type="checkbox"/> Malnutrition <input type="checkbox"/> Musculoskeletal (please specify) <input type="checkbox"/> Obesity <input type="checkbox"/> Osteoporosis <input type="checkbox"/> Panic Attack <input type="checkbox"/> Parkinson's Disease <input type="checkbox"/> Personal response plan <input type="checkbox"/> Vision impaired

Comments and other considerations _____

If you checked any of the above, please provide more information about any necessary medication and/or how any of the above may relate to the patient's ability to exercise and any necessary modifications or movements that should be avoided. (Please attach additional information to this form.)

Please attach a copy of the Final Week of Rehabilitation Exercise record sheet.

Doctors Details

Name _____

Business Name _____

Address _____

Phone _____

Please note that you are always welcome to visit your clients at any time during their Lungs in Action exercise class.

Referring Rehabilitation clinician

Name _____

Designated

Role _____

Address _____

Phone _____

Signature _____

Date ____/____/____

Please ensure your client has read and signed the participation information and informed consent on page 2 of this entry form

Participation information and informed consent

Program Information & Benefits:

Lung Foundation Australia's Lungs in Action is a community based maintenance exercise program for people with stable chronic lung conditions and stable heart failure, who have completed rehabilitation. Lungs in Action enables you to maintain an exercise routine that aims to keep you well, socially connected and out of hospital. You have now completed rehabilitation and you are safe and ready to join Lungs in Action.

Please be aware there are some key differences between Lungs in Action classes and rehabilitation

1. Pulmonary and Heart Failure Rehabilitation are conducted by a team of health professionals who are qualified to conduct health assessments, monitor blood pressures and oxygen saturation levels and make clinical decisions. Lungs inaction classes are generally run by one instructor who is an exercise professional trained to understand your condition and deliver safe and effective exercise programs. All Lungs in Action instructors are well trained by Lung Foundation Australia. They have also been mentored by your local rehabilitation program.
2. Lungs in Action is not a health program and therefore instructors are not allowed to provide medical advice and will generally not measure blood pressure, blood sugars and oxygen saturation levels. Please note: some instructors are physiotherapists and Accredited Exercise Physiologists who within their scope may choose to provide clinical assessment and monitoring, although this is not expected.
3. At Pulmonary and Heart Failure Rehabilitation you will have been taught skills that help you self-manage your condition. The role of the Lungs in Action instructor is to provide a safe and friendly exercise environment that will encourage you to keep utilising all the techniques you have already learned.
4. Lungs in Action instructors are **not** permitted to adjust oxygen levels at any time.
5. Lungs in Action classes may have different exercises and/or class formats to those that you were used to in Pulmonary and Heart Failure Rehabilitation. It is more than likely that your referring Physiotherapist or Exercise Physiologist will have already assessed the Lungs in Action Instructor's style and class structure prior to referring you and is confident that it is appropriate for you.

Risks:

- Although your doctor and rehabilitation clinician have deemed you safe and suitable for community exercise, please be aware that with any physical activity there is a remote, unpredictable possibility of an adverse physical reaction to exercise such as a risk of injury, to your muscles, ligaments, tendons and joints.
- Every effort to minimise these risks has been made within the Lungs in Action training program and classes. Exercises prescribed are tailored to each individual person to allow for their abilities and current health status. All Lungs in Action clients must be shown how to use equipment and preform an exercise before first attempting, and must then be able to display that they can use the equipment safely and correctly before proceeding.
- Exercise and activities of daily living can sometimes result in injury requiring you to visit another physiotherapist or physician for treatment. It is important that your new health professional speaks with your referring pulmonary or heart failure rehabilitation clinician and/or specialist if their treatment plan is requesting you to alter or cease your pulmonary or heart failure treatments. In most cases you can still continue with your Lungs in Action program, modifying for rehabilitation of any injury.
- As a Lungs in Action participant it is your responsibility to utilise the 'reminders' sheet displayed by the instructors and to report any unusual pain and to abide by the 'STOP Exercising' contraindication guidelines displayed.

Confidentiality:

Any information obtained within the Lungs in Action program will be treated as privileged and confidential. It will not be released to any non-medical personnel without your written consent. The information obtained may be used for statistical analysis or scientific purposes with your privacy protected. Your Lungs in Action instructor has the ability to communicate with your referring clinicians and/or GP regarding a your progress within the program at any time.

Consent: I acknowledge that I have read this form in its entirety or it has been read to me and I understand its terms. I understand my responsibility within a Lungs in Action class & I accept the risks and regulations that have been set forth. Knowing these, and having had an opportunity to ask questions that have been answered to my satisfaction, I consent to participate in Lungs in Action. Participation in this class is voluntary and I can at any time cease my involvement.

Signature of patient

Date

Signature of witness

Date