

## COPD Community Exercise Clinic

## A community based program for people living with Chronic Obstructive Pulmonary Disease (COPD)

#### **Chronic Obstructive Pulmonary Disease (COPD)**

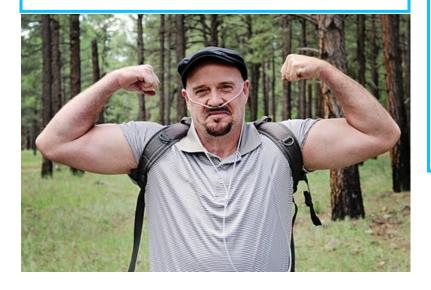
COPD is a term used to describe emphysema and chronic bronchitis. Research has shown that regular exercise and effective self-management strategies can help maintain fitness and well-being as well as improve symptoms and quality of life.

#### **COPD Community Exercise Clinic**

For those living with Chronic Obstructive Pulmonary Disease, our community based program will help you gain better control of your COPD.

### Physician Referral is required (see back) Benefits of Participating

- Manage your COPD symptoms
- Improve fitness levels, energy, and endurance
- Reduce stress, anxiety, and depression
- Reduce illness and hospital admission





The COPD Community Exercise Program Clinic provides you with the skills you need to exercise safely, manage your breathlessness, to stay well and out of the hospital.



Individual physical assessment and goal setting



12-week group education and exercise session (in person or virtual)



Personalized exercise program



Health and Self Management Education



Connecting with community resources



Let us help you build your plan so you can continue enjoying the activities you love

6/6/2024



# COPD Community Exercise Clinic

### This form must be completed and signed by a Nurse Practitioner or Physician

Your signature below indicates:

- A referral to our COPD Community Exercise Clinic.
- The physical assessment will include a 6MWT, Sit to Stand, mMRC Dyspnea Scale, CAT Score, results will be forwarded to your office and the consulting Respirologist.
- Acknowledges that you have assessed the referred client and confirm that s/he is safe to exercise in our rehabilitation program. Participants must be able to participate independently.
- We cannot accept patients who are: clinically unstable, have unmanaged infectious disease, significant cognitive disorders, or reside in a long term care setting.

ре 🗆		
er 🗆		
on: 🗆		
ysician/NP Signature		
Data		
Date:		
Office Fax number:		
•		

Please fax completed form to (905) 665-2416

