

PATIENT ID: _ _ _ _ _

DATE:

HOME VISIT

DETAILS OF EXERCISE SESSION

TARGET CYCLE TRAINING INTENSITY: _____ W ACTUAL WATTS ACHIEVED: _____ RPM: _____

STRENGTH TRAINING – (Include duration, location, type, steps, reps/sets)

UNSUPERVISED WALKING TRAINING –

TARGET DISTANCE (from 6MWT): _____

Duration: _____

Walking track details (if relevant):

OBSERVATIONS

PRE	SpO ₂	HR	BORG/RPE	BP
MID	SpO ₂	HR	BORG/RPE	
POST	SpO ₂	HR	BORG/RPE	

HOME OXYGEN/EXERTIONAL OXYGEN

YES Details:

PATIENT ID: _ _ _ _ _

EXERCISE CONFIDENCE

Not at all confident	A little confident	Somewhat confident	Very sure	Totally confident
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INHALER TECHNIQUE

DRUG	DEVICE	CHECKED (Y/N)	COMMENTS
1.			
2.			
3.			
4.			

NOTES

PATIENT ID: _ _ _ _ _

CHECKLIST

Set up Telerehab equipment		Borg scales given and explained	
Explained/demonstrated telerehab equipment		Patient practiced rating symptoms with Borg	
Demonstrated iPad and Zoom call acceptance		Completed training session	
Explained patient guide for telerehab		Exercise goals set	
Patient successfully demonstrates log in to Zoom and accept call		Home exercise diary reviewed/explained: Exercise goals and training for Week 1 written in diary	
Can safely mount and dismount bike		Symptom checklist explained and understood	
Patient successfully demonstrates bike operation			

VISIT DETAILS

Home visit was completed: <input type="checkbox"/> In-person <input type="checkbox"/> Tele-health <input type="checkbox"/> Other: please specify _____
Visit conducted by:
Duration of visit:
Total travel time: