

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

Dear Dr \_\_\_\_\_

Your patient \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

has been referred to the Cardiac Rehabilitation Service.

Please sign below as an indication of your consent for their participation in the exercise sessions of the Healthy Heart Program, and add any relevant comments regarding exercise limitations they should adhere to.

Exercise Limitations / Comments:

- Patient is free to exercise up until the point they develop more than mild chest discomfort or mild breathlessness
- Other (please specify)

Specialist Signature \_\_\_\_\_ Date \_\_\_\_\_

Thank you for your support.

Yours Sincerely



Joanna Howard  
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Healthy Living NT



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of the Northern Territory  
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