



## Appendix 6 – Example consent form and self-assessment checklist for remotely delivered pulmonary rehabilitation services

### Example consent form



A lifetime of specialist care

**Royal Brompton & Harefield**   
NHS Foundation Trust

**Pulmonary Rehabilitation**  
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Email: [rbh-tr.harfieldpr@nhs.net](mailto:rbh-tr.harfieldpr@nhs.net)

I \_\_\_\_\_ agree and consent to the following:

- I am voluntarily participating in an Initial Pulmonary Rehabilitation assessment via video call.
- I understand that this is a new initiative and the background and benefits of the programme have been explained to me.
- I have access to a technological device with real-time video camera function and internet connection, and can operate this independently or with the help of a household member.
- I am willing to have a designated area at home openly displayed to a member of the pulmonary rehabilitation team during videoconferencing sessions.
- I understand that when participating in any exercise/objective tests there is a risk of injury.
- I will ensure that an able-bodied person will be present in the house throughout the entire assessment.
- I will ensure that I have access to a home telephone or mobile during the video call for contact in case of an emergency or loss of videoconferencing contact.
- I am taking part at my own risk and assume all risk of injury to myself.
- The Royal Brompton and Harefield NHS Foundation Trust and physiotherapists on this programme accept no liability.

**Name (Print)**


\_\_\_\_\_


**Signature**

\_\_\_\_\_


**Date**

\_\_\_\_\_




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## Example self-assessment checklist



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### Virtual Pulmonary Rehabilitation Self-Assessment Checklist

You must complete this checklist before each video pulmonary rehab class.

**Equipment to have ready:**

1. I have my reliever Inhaler to hand	Yes _____	No _____	N/A _____
2. I have my GTN spray/tablets to hand	Yes _____	No _____	N/A _____
3. I have a glass of drinking water ready	Yes _____	No _____	
4. There is a sturdy chair against a wall	Yes _____	No _____	
5. My telephone/tablet/computer is charged and working	Yes _____	No _____	

**Environment:**

1. The room is a comfortable temperature	Yes _____	No _____
2. There is adequate lighting	Yes _____	No _____
3. Trip hazards e.g. rugs, pets, children have been moved	Yes _____	No _____

**Other:**

1. My able-bodied household member is within earshot	Yes _____	No _____
2. I have informed the team of any changes to my health	Yes _____	No _____
3. I have informed the team of any changes to my medications	Yes _____	No _____
4. I have had a recent light meal or snack	Yes _____	No _____
5. I am wearing appropriate clothing and flat shoes/trainers	Yes _____	No _____

**Symptoms:**

It is your responsibility to monitor your symptoms and only exercise if you feel well enough.

You must check your symptoms before **each** class. You must not join in the class if you have a temperature, feel ill or become suddenly unwell.

If you have increased breathlessness, worsening symptoms or new/worsening joint pain prior to exercising you should not join the class for that session but return when the symptoms have settled.


You must stop exercising immediately if you experience any of the following:


1. Chest Pain	4. Extreme Breathlessness
2. Dizziness	5. Excessive Wheezing
3. Nausea	6. Coughing up blood

If there is any other reason you feel you should not exercise today, you must let the team know. Please call us on 01895 828851 or email [rbh-tr.harefieldpr@nhs.net](mailto:rbh-tr.harefieldpr@nhs.net) if you wish to speak to someone before the class.

**Now please enjoy your class!**

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