

RETURN DETAILS

PLEASE MAKE A COPY OF THIS DOCUMENT FOR YOUR RECORDS, AND EMAIL A COPY TO :

casestudies@wrightfoundation.com

or post the original to

Office 4—Wester Meathie,
Inverarity,
By Forfar,
Angus,
DD8 1XJ.



HOSPITAL ATTENDANCE RECORD

Leading by Achievement & Example



CARDIAC REHAB PHASE IV

SPECIALIST COURSE

NAME

COURSE ATTENDED

DATE

Cardiac Rehab Phase III sessions hospital attendance record

a. Office 4 Wester Meathie, Inverarity, by Forfar, DD8 1XJ.
t. 01307 469 055
e. info@wrightfoundation.com w. www.wrightfoundation.com

VISIT REQUIREMENTS

Viewing of Cardiac Rehab Phase III

You are required to attend five sessions (totalling at least 10 hours) viewing Cardiac Rehab Phase III over a maximum of six weeks within a local hospital.

You will view patients on their initial visit to the Phase III programme to understand the physical condition and their ability to undertake an activity schedule. It is important that you understand the considerations as the patient progresses through the full Phase III programme, in particular, how their condition is assessed.

During these stages of progression, you must view and understand the changes to the patient/client's condition and attitude to exercise/activity. This is particularly important as the patient completes their Phase III Rehabilitation programme.



NAME OF HOSPITAL

DATE OF SESSION

TIME OF SESSION

FROM:

TO:

DESCRIPTION OF SESSION (see page 2 for guidance)

HOSPITAL REPRESENTATIVE NAME (BLOCK CAPITALS)

HOSPITAL REPRESENTATIVE POSITION

HOSPITAL REPRESENTATIVE SIGNATURE



SESSION 4

NAME OF HOSPITAL

DATE OF

TIME OF SESSION

FROM:

TO:

DESCRIPTION OF SESSION (see page 2 for guidance)

HOSPITAL REPRESENTATIVE NAME (BLOCK CAPITALS)

HOSPITAL REPRESENTATIVE POSITION

HOSPITAL REPRESENTATIVE SIGNATURE



SESSION 1

NAME OF HOSPITAL

DATE OF SESSION

TIME OF SESSION

FROM:

TO:

DESCRIPTION OF SESSION (see page 2 for guidance)

HOSPITAL REPRESENTATIVE NAME (BLOCK CAPITALS)

HOSPITAL REPRESENTATIVE POSITION

HOSPITAL REPRESENTATIVE SIGNATURE



SESSION 2

NAME OF HOSPITAL

DATE OF SESSION

TIME OF SESSION

FROM:

TO:

DESCRIPTION OF SESSION (see page 2 for guidance)

HOSPITAL REPRESENTATIVE NAME (BLOCK CAPITALS)

HOSPITAL REPRESENTATIVE POSITION

HOSPITAL REPRESENTATIVE SIGNATURE



SESSION 3

NAME OF HOSPITAL

DATE OF SESSION

TIME OF SESSION

FROM:

TO:

DESCRIPTION OF SESSION (see page 2 for guidance)

HOSPITAL REPRESENTATIVE NAME (BLOCK CAPITALS)

HOSPITAL REPRESENTATIVE POSITION

HOSPITAL REPRESENTATIVE SIGNATURE

