



Chronic Obstructive Pulmonary Disease (COPD) Education Plan

Physiotherapy (1st visit)

- “Managing Your Breathing and Saving Your Energy”

Date: _____ Printed Name: _____ Signature: _____.

Respiratory Therapy (1st Visit)

- “Preventing Your Symptoms and Taking Your Medications”

Date: _____ Printed Name: _____ Signature: _____.

Physiotherapy (2nd visit)

- “Integrating an Exercise Program into Your Life”

Date: _____ Printed Name: _____ Signature: _____.

Nursing (1st and 2nd visit)

- “Integrating a Plan of Action into Your Life”
- Establish Contact list
- Review Hospital Plan of Action

Date: _____ Printed Name: _____ Signature: _____.

Nursing (3rd visit)

- “Managing Your Stress and Anxiety”

Date: _____ Printed Name: _____ Signature: _____.

Nursing (4th visit)

- “Keeping a Healthy and Fulfilling Lifestyle”

Date: _____ Printed Name: _____ Signature: _____.

