

Our Program

MD REFERRAL

INITIAL APPOINTMENT

- program Q&A
- confirm readiness to start program
- review any other patient needs and relevant IHC services

PROGRAM ORIENTATION APPOINTMENT

CARDIAC & PULMONARY REHAB

- specialist appt.
- orientation
- payment

CARDIAC RISK REDUCTION

- specialist appt. (upon GP referral)
- orientation
- payment

10 WEEK PROGRAM

- supervised individual exercise sessions 3 times per week
- on-site education sessions, including Q&A session with specialist
- specialist review at 5 weeks

- supervised individual exercise sessions 3 times per week
- on-site education sessions, including Q&A session with specialist

GRADUATION

- medical review
- final report, including participant goals and action plan sent to Family Physician

COMMUNITY RECREATION AND FITNESS PROGRAMS

- GetActive! Pentiction
- Pentiction Steps Out
- local fitness, yoga centres and other groups

Other Interior Health and Integrated Health Centre services as needed.

Physical Benefits of Regular Exercise

- reduced heart rate
- lower blood pressure
- improved breathing
- stronger muscles and bones
- lowered cholesterol
- improved flexibility
- speedier recoveries
- strengthened immune system
- improved posture
- decreased muscular deterioration
- more energy
- improved stress management
- increased circulation
- improved management of chronic conditions
- healthier weight

You don't have to be great to start, but you have to start to be great.

– Zig Ziglar, motivational speaker

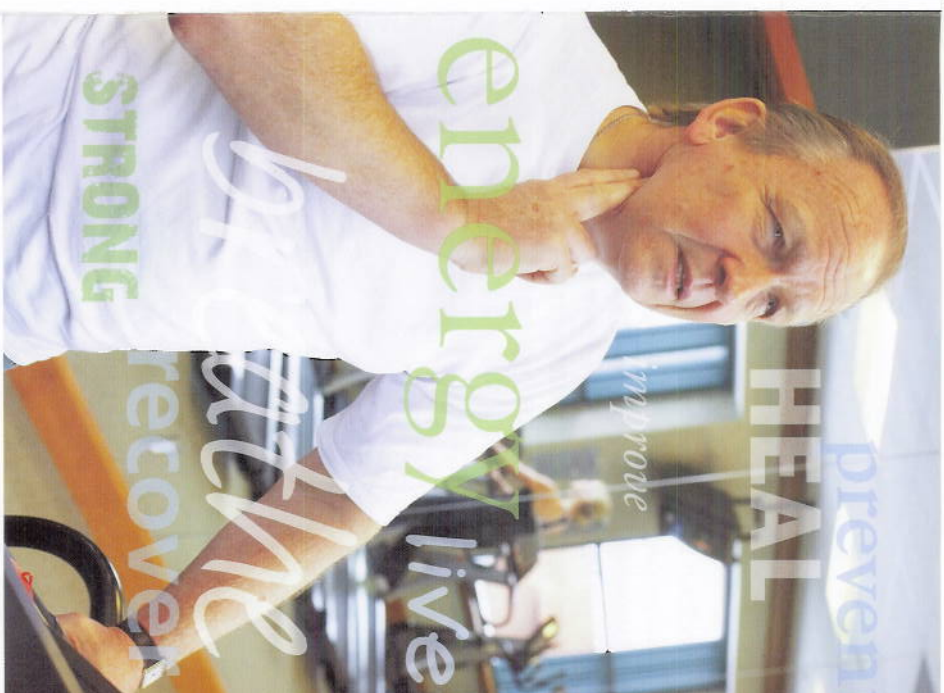


Integrated Health Centre

#105-550 Carmi Ave
Pentiction, BC V2A 3G6
phone: 250.770.5507
fax: 250.770.5506

Cardio Pulmonary Wellness Program

South Okanagan Events Centre
853 Eckhardt Ave. West
Pentiction, BC V2A 9C4
phone: 250.770.5507



Integrated health centre
CARDIO PULMONARY
WELLNESS PROGRAM

Join us on a 10-week journey to success!

PROGRAM

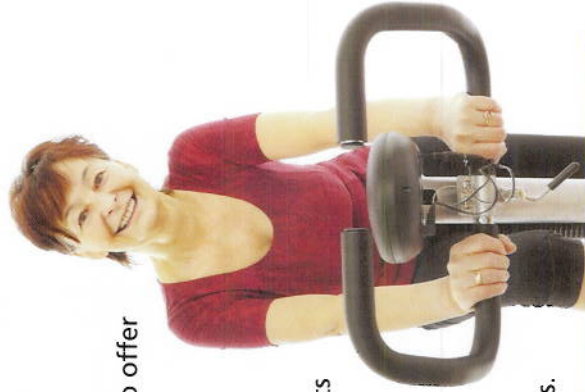
Working with a team of health and fitness professionals, you will engage in a program of supervised exercise and education that will change your life. You will learn how to exercise safely, eat well, and manage stress and other emotions to maximize your health. A system for solving problems and ways to stay motivated and on track will also be included in the program.

SCHEDULE

Program runs Monday, Wednesday and Friday afternoon/early evening. Start times for ongoing exercise sessions will be determined at your Program Orientation appointment.

FACILITY

We are pleased to offer this program in our new facility, located at the South Okanagan Events Centre, where participants can feel comfortable, secure and supported during their exercise and education sessions.



"I have gained a great deal of confidence going through this program. I felt very safe and well monitored. I would recommend this program to others!"

– Thomas Stratford

FAQs

Is this for me?

If you want to breathe easier and live better with a lung condition, or are recovering from a cardiac event, then this program is for you. We also have limited space for people who want to prevent heart and other health problems. We suggest you discuss the program with your family doctor to see if it is right for you.

Is it safe?

Yes! Your exercise plan will be developed, monitored, and updated by an ACSM* certified exercise specialist. Participants are closely monitored by trained staff during the exercise periods. Our facility is also equipped with oxygen and other medical equipment in case of an emergency.

How do I get referred?

Have your doctor fill out and submit the attached referral form. You will then be contacted for an initial appointment to discuss the program and decide if you would like to sign up.

Is there a cost?

Yes, the fee is \$100 per 10-week session. Financial assistance is available. Please contact us or discuss this at your initial appointment.

What if I cannot attend every session?

Space is limited and participants are encouraged to attend all of the exercise and education sessions for maximum program benefit. Please contact us or discuss at your initial appointment.



referral form

Client Name: _____
PHN: _____
Date of Birth: _____
Home Phone: _____
Work Phone: _____

REASON FOR REFERRAL:

- Pulmonary Rehab
 Cardiac Rehab
 Cardiac Risk Reduction

I request a Respirology consultation for this patient.

I request a Cardiology consultation for this patient.

Date: _____

Physician Signature: _____

Physician Name: _____
(PLEASE PRINT)

Please forward referral and any relevant investigation results to:

Penticton Integrated Health Centre

#105-550 Carni Ave
Penticton, BC V2A 3G6
phone: 250.770.5507
fax: 250.770.5506