

Whitebridge Respiratory Care Plan Template

Respiratory Home Care Plan Template

Client Name: _____

Date of Birth: _____

Primary Diagnosis: _____

Other Diagnoses: _____

Start of Care Date: _____

Plan Duration: _____

Goals:

- Improve respiratory function
- Reduce shortness of breath
- Increase patient independence in self-care

Services Provided:

- Nebulizer treatments
- Chest physiotherapy
- Oxygen monitoring
- Patient education

Therapist Name: _____

Therapist Signature: _____

Date: June 23, 2025

Whitebridge Authorization to Release Medical Records

Authorization to Release Medical Records

I hereby authorize WhiteBridge Pulmonary Care to release and/or obtain medical records regarding my treatment, including but not limited to evaluations, diagnoses, treatment plans, and therapy progress, to/from the following entity or individual:

Name of Entity/Individual: _____

Phone Number: _____

Address: _____

City/State/Zip: _____

This authorization is valid for one year from the date signed and may be revoked at any time by providing written notice to WhiteBridge Pulmonary Care.

Patient Name: _____

Date of Birth: _____

Signature: _____

Date: _____

Whitebridge Patient Feedback Form

Patient Feedback Form

Thank you for choosing WhiteBridge Pulmonary Care. We value your feedback and use it to improve our services. Please take a few moments to complete this form.

Patient Information

Name (Optional): _____

Date of Visit: _____

Service Quality

1. How would you rate the overall quality of care you received?

? Excellent ? Good ? Fair ? Poor

2. Was the staff courteous and professional?

? Excellent ? Good ? Fair ? Poor

3. Was your appointment on time and efficient?

? Excellent ? Good ? Fair ? Poor

4. Did you feel comfortable during the home visit?

? Excellent ? Good ? Fair ? Poor

5. Was everything explained clearly to you?

? Excellent ? Good ? Fair ? Poor

Additional Comments or Suggestions

? I give permission for my feedback to be used anonymously for marketing or testimonial purposes.

Signature (Optional): _____ Date: _____