

Exercise Prescription For:

Patient Name _____ Date _____

Recommended Type of Physical Activity:

- Walking
- Swimming
- Bicycling
- Stairmaster
- Treadmill
- Other: _____

Duration:

Warm up 5 to 10 minutes

Initial duration _____ minutes 1 2 3 4 5 6 7 times per week
(Insert time) (Circle frequency)

Goal duration _____ minutes 1 2 3 4 5 6 7 times per week
(Insert time) (Circle frequency)

Cool down 5 to 10 minutes

Intensity:

Suggested heart rate _____

Perceived level of adequate exertion (able to talk in short sentences)

Duration:

Warm up 5 to 10 minutes

Initial duration _____ minutes 1 2 3 4 5 6 7 times per week
(Insert time) (Circle frequency)

Goal duration _____ minutes 1 2 3 4 5 6 7 times per week
(Insert time) (Circle frequency)

Cool down 5 to 10 minutes

Physician signature