

Exercise Rx

Patient's Name _____ Age _____

Phone Number _____ Date _____

Exercise Vitals

 Patient's current exercise schedule.

Days per week of moderate to strenuous exercise	1	2	3	4	5	6	7
On average, minutes per day of exercise at this level	10	20	30	40	50	90	120

Exercise Recommendations

Recommended Activity: _____

Minutes per day: _____ Number of Days per week: _____

Intensity: moderate _____ low _____ supervised exercise only _____

Stop: If you experience chest pain, excessive shortness of breath or feel poorly.

Programs

- | | | |
|---|--|---|
| <input type="checkbox"/> Cardiovascular exercise | <input type="checkbox"/> Strength Training | <input type="checkbox"/> Aquatic exercise |
| <input type="checkbox"/> Registered Dietitian | <input type="checkbox"/> Life Coach | <input type="checkbox"/> Aqua Arthritis |
| <input type="checkbox"/> Diabetes Treatment Program | <input type="checkbox"/> Disease Management Program (12 weeks) | |
| <input type="checkbox"/> Weight Loss Program | | |

Physician Signature _____ Date _____

Fax to 916.677.1204

phone 916.677.1200

Roseville Health and Wellness Center

1650 Lead Hill Boulevard, Roseville, CA 95661 | www.rosevillehwc.com