Exercise ℞

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.

Program Options

- ☐ Medical Membership
- ☐ Comprehensive Wellness Program
- ☐ Functional Balance Training
- ☐ Fall Prevention
- ☐ Chair Yoga
- ☐ Healthy Heart
- ☐ Weight Loss
- ☐ Cancer Well-Fit
- ☐ Women's Health Programs
- ☐ Physical Therapy
- ☐ Other __________

Physican Name (Print) ______________________ Phone Number __________

Physician Signature ______________________ Date __________

Fax to 916.677.1204

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Roseville Health and Wellness Center

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