

PHYSICAL ACTIVITY PRESCRIPTION

Name: _____

Identity code: _____

Current regular physical activity of at least 30 minutes per day:

Hardly any

Light physical activity _____ days a week

Moderate physical activity _____ days a week

Hard physical activity _____ days a week

From a health point of view Adequate

Inadequate

Health basis or goal of physical activity: _____

INSTRUCTIONS:

Form of physical activity and/or sport	Days per week	Duration per day	Intensity	
Eg. walking to place of work or hobby, mowing the lawn, shovelling snow, cycling to work, walking for fitness, home gymnastics, exercise classes, ball games, dancing, gym training		minutes	light • hardly out of breath moderate • somewhat out of breath hard • very out of breath	heart rate range

Additional advice:

Leaflet _____

Appointment with _____ Tel. _____

Other _____

Assessment and monitoring:

At next appointment _____

After _____ months at _____ Tel. _____

Other _____

Date: _____

Physician's signature