

# Exercise **R<sub>x</sub>**

Patient's Name \_\_\_\_\_ Age \_\_\_\_\_

Phone Number \_\_\_\_\_ Date \_\_\_\_\_

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## 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

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## 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.*

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## 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        | <input type="checkbox"/> Kaiser K-Plus Membership              |   |

Physician Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Roseville Health and Wellness Center**

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