

EXERCISE READINESS & PRESCRIPTION



PATIENT'S NAME: _____ DOB: _____ DATE: _____

PHYSICIAN'S SIGNATURE: _____

Currently Exercising: Yes No

Type(s) of Activity: _____

Intensity: _____
(light, moderate, intense)

Duration: _____
(minutes/session)

Frequency: _____
(times/week)

PATIENT'S STATE OF CHANGE

Pre-contemplation
(patient not ready to exercise)

Contemplation
(patient interested in/beginning to exercise)

Preparation
(patient's exercise inconsistent/less than optimal)

Action and Maintenance
(patient exercising recommended amount)

PHYSICIAN'S RECOMMENDATIONS

Aerobic Exercise _____

Strength Exercise _____

Flexibility Exercise _____

Sports Exercise _____

Referral to Exercise/Sports Professional _____

PHYSICAL ACTIVITY GUIDELINES & RECOMMENDATIONS

Adults aged 18-64 with no chronic conditions: 150 minutes per week of moderate-intensity physical activity through 30 minutes of exercise five days per week. Plus muscle-strengthening activities that involve all major muscle groups performed on 2 or more days per week.

For more information, visit www.acsm.org/physicalactivity.