

Sample Exercise Prescription Form
[Prescriber's Letterhead]

Patient Information:

First Name: _____ Last Name: _____

DOB: ____/____/____

Exercise Prescription:



Aerobic Activity

Type of Exercise: _____ Frequency: _____/days per week

Intensity: _____ Duration: _____/min

(Examples: brisk walk, dancing, bicycling, swimming, chair fitness class)



Strength Training

Type of Exercise: _____ Frequency: _____/days per week

Intensity: _____ Duration: _____/min

(Examples: bodyweight exercises like push-ups, wall-sits, yoga, lifting dumbbells, heavy home or yard work)

Goals: *(eg, walk around the block four times without stopping, take the stairs at work)*

Special Instructions:

Prescriber's Signature: _____ Date: _____