

Physical Activity Prescription for Adults



Name _____ Date ____ / ____ / ____

Current regular physical activity

		Days per week	Hours per week	Minutes per week
Endurance physical activity	light intensity, getting slightly out of breath			
	brisk, getting moderately out of breath			
	vigorous, getting strongly out of breath			
Muscular training				
Balance and/or agility training (especially when over 65 years)				

Sufficiency for health sufficient insufficient

Breaking sitting every 2 hours yes no not possible

Goal for physical activity _____

Action plan

Mode of physical activity	Days per week	Minutes per day	Intensity	
			light/brisk/vigorous	Borg scale (6-20)

Additional instructions or referral to

- Leaflet _____
- Name of the professional _____ tel. _____
- Other _____

Follow up

Name of the professional _____ tel. _____

- Visit ____ / ____ / ____ at ____ : ____
- Telephone ____ / ____ / ____ at ____ : ____
- E-mail ____ / ____ / ____ Client's e-mail _____@_____

Provider's name and signature _____