

**GET STARTED
EXERCISE PRESCRIPTION**

Dear prescribing Physician:

Your patient is interested in starting an exercise/activity program. This is the first step- in a three step process which is part of the Get Started program. In order to move to the next step, your patient will need consent from you to begin to make the next steps to starting a healthier life.

We want to provide a comprehensive program that takes all variables into account. Can you please take the time to fill out the prescription below and please note any cautions or restrictions that we should be aware of when developing an exercise program for your patient.

Sincerely,

Get Started Staff

<p>General patient information: <i>patient to fill out, please print</i></p> <p>First name: _____ Middle initial: _____ Last name: _____ Age: _____ Date of birth: ____/____/____ Gender: _____ Height: _____ Wt: _____</p> <p>Address: _____ Address (con't): _____ Apt/Suite: _____ City: _____ State: _____ Zip: _____</p> <p>Phone: _____ Phone #2: _____ Email: _____</p>	<p>Exercise Prescription <i>doctor to fill out, please print</i></p> <p>Duration: __ 20-30 min. __ 30-45 min. __ 45-60 min</p> <p>Frequency: (circle) 6 5 4 3 2 1 times / week</p> <p>Intensity:</p> <table style="width: 100%;"><tr><td>Very Light</td><td>RPE <10</td><td>MHR <35</td></tr><tr><td>Light</td><td>10-11</td><td>35-59</td></tr><tr><td>Moderate</td><td>12-13</td><td>60-79</td></tr><tr><td>Heavy</td><td>14-16</td><td>80-89</td></tr><tr><td>Very Heavy</td><td>>16</td><td>>90</td></tr></table> <p>Focus on: __ Trunk strengthening __ Lower extremity strength __ Upper extremity strength __ Core muscles __ Other _____</p> <p>Cautions/Restrictions: _____ _____ _____</p>	Very Light	RPE <10	MHR <35	Light	10-11	35-59	Moderate	12-13	60-79	Heavy	14-16	80-89	Very Heavy	>16	>90
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Notes:

I have filled out the above exercise prescription and **recommend** my patient to begin an exercise program.
Physician (print name): _____
Physician Signature: ☒ _____ Date: _____