

# Exercise Prescription

## Patient Information

Name:

Date of Birth:

Gender:

Contact Number:

Email:

Emergency Contact:

## Health Information

Medical History:

Exercise History:

## Physical Assessment

Resting Heart Rate:

Blood Pressure:

Body Mass Index (BMI):

Flexibility Assessment:

Strength Assessment:

**Exercise Prescription****Cardiovascular Exercise**

Frequency:

Intensity:

Type:

Duration:

**Strength Training**

Frequency:

Intensity:

Type:

Sets/Reps:

**Flexibility Training**

Frequency:

Intensity:

Type:

Duration:

**Balance and Stability Exercises**

Frequency:

Intensity:

Type:

Duration:

**Exercise Restrictions****Additional Recommendations**

Hydration:

Nutrition:

Rest and Recovery:

**Follow-up Instructions****Healthcare Provider Information:**

Doctor's Signature:

Doctor's Name:

Contact Number:

Name of Hospital/Clinic: