

Exercise Worksheet

Patient Information	
Name:	
Date of Birth:	
Contact Number:	
Email Address:	
Emergency Contact:	

Instructions: This Exercise Worksheet is designed to help you integrate physical activity into your routine to enhance your overall well-being. Please fill out the following sections and bring this worksheet to your therapy sessions for discussion and guidance.

Section 1: Current Physical Activity	
1.1 Type of Exercise:	
1.2 Frequency:	
1.3 Duration per Session:	
1.4 Intensity Level:	

Section 2: Exercise Goals	
2.1 Short-Term Goals (4-6 weeks):	
2.2 Long-Term Goals (3-6 months):	

Section 3: Preferred Activities

3.1 Cardiovascular Activities:	
Activity 1:	
Activity 2:	
3.2 Strength Training Exercises:	
Exercise 1:	
Exercise 2:	
3.3 Flexibility and Mobility:	
Stretch 1:	
Stretch 2:	

Section 4: Barriers and Solutions

4.1 Common Barriers to Exercise:	
Barrier 1:	
Barrier 2:	
Barrier 3:	
4.2 Solutions to Overcome Barriers:	

Section 5: Reflection and Feedback

5.1 How do you feel before exercising?	
5.2 How do you feel after exercising?	

5.3 Any changes in mood or energy levels?	
5.4 Additional comments or reflections:	

Doctor's Note:

Doctor's Name:

Doctor's Signature:

Date: