

## Dublin Family Medicine Exercise Prescription

Name: \_\_\_\_\_ Date: \_\_\_\_\_ Age: \_\_\_\_\_

Medical Conditions: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_

### Current Fitness Level:

- Sedentary (little/no exercise)
- Lightly Active (light exercise 1-3 days/week)
- Moderately Active (moderate exercise 3-5 days/week)
- Very Active (hard exercise/sports 6-7 days/week)
- Extra Active (very hard exercise/sports 2x training)

### Goal Fitness Level:

- Sedentary
- Lightly Active
- Moderately Active
- Very Active
- Extra Active

Basal Metabolic Rate (BMR): \_\_\_\_\_ Current Weight: \_\_\_\_\_

Goal Weight: \_\_\_\_\_ Recommended Daily Calories: \_\_\_\_\_

### Aerobic Activity

Types	Walk	Swim	Elliptical	Bike	Rowing	Run
<b>Frequency (Days/Week)</b>	2	3	4	5	6	7
<b>Intensity</b>	Light		Moderate		Vigorous	
<b>Time (Minutes/Session)</b>	10	20	30	40	50	60
<b>Steps/Day</b>	2,500	5,000	7,500	10,000	12,000	15,000

### Strength and Resistance Activity

Types	Lifting	Resistance Bands	PT	Body Weight		
<b>Frequency (Days/Week)</b>	2	3	4	5	6	7
<b>Repetitions</b>	5-8	10-12	15-20	25		
<b>Sets</b>	2	3	5	8	10	12