

For Better Health: Your Aerobic Exercise Plan

Patient Name

Date

Type of Physical Activity I'd Like to Do:

- Walking
- Swimming
- Bicycling
- Stairmaster
- Treadmill
- Other: _____

Intensity:

- Suggested heart rate _____
- Perceived level of adequate exertion (able to talk in short sentences)

Duration:

- Warm up 5 to 10 minutes
- Initial duration _____ minutes 1 2 3 4 5 6 7 times per week
(insert time) (circle frequency)
- Goal duration _____ minutes 1 2 3 4 5 6 7 times per week
(insert time) (circle frequency)

Physician signature