Exercise Prescription & Referral Form

Patient Name: Today's Date:

Date of Birth: Next Appointment:

Doctor: Signature:

AEROBIC	STRENGTH
Type of activity: ☐ Walking ☐ Swimming ☐ Cycling ☐ Other How much will I need to do? ☐ 10 minutes ☐ 15-30 minutes ☐ 30 minutes or more ☐ Other How many times a week*: ☐ 1-2 times per week ☐ 3-4 times per week ☐ 5 or more times per week	Type of activity: ☐ Sit ups ☐ Push ups ☐ Squats & lunges ☐ Resistance program eg. weights ☐ Other How much will I need to do? ☐ 1 set of 8-12 repetitions ☐ 2 sets of 8-12 repetitions ☐ More How many times a week*: ☐ Once a week ☐ Twice a week ☐ More than 2 times per week

Referral to an Accredited Exercise Physiologist: (locate your nearest AEP at www.essa.org.au)

Name: Phone:

Address:

Notes:

Physical Activity Guidelines:** Adults aged 18-64 with no chonic conditions - minimum of 150 minutes of moderate physical activity/week (eg. 30 minutes/day, 5 days/week), ***and muscle strengthening activities on 2 or more days/week.

www.exerciseismedicine.org.au