nova scotia health

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Physical Activity Prescription

2020

Patient ID
Name: _____
Birthdate: _____
Address: _____

Physical activity recommendations		
☐ 10 to 20 minutes of walking	☐ Once (1 time) a day	☐ Twice (2 times) a day
AND/OR		
Number of times a week	1 2 3 4 5 6 7	
Intensity (how hard)	☐ Light ☐ Moderate (starting to sweat but can still talk easily) ☐ Vigorous (breathing heavily and it is hard to talk)	
Time (minutes per session)	10 15 20 30 45 60	
Type	☐ Walking ☐ Swimming/Aquafit ☐ Yoga ☐ Bicycling	☐ Strength training ☐ Group classes ☐ Aerobics ☐ Other: _____

Patient signature: _____

Health care provider name & licence: _____

Health care provider signature: _____

Date: _____

Prepared by: Alexi Kuhnow, MPT - Faculty of Medicine, Dalhousie University