THE INSTITUTE FOR FUNCTIONAL MEDICINE®

Exercise Prescription

Name _____ *Birthdate* _____

Goals

Risk Assessment

☐ PAR-Q: ☐ Cleared ☐ Not cleared
☐ Risk Factors: ☐ Low Risk ☐ Moderate Risk ☐ High Risk
☐ Exercise Stress Test: ☐ Pass ☐ Fail

Comments: _____

Intensity (Check desired measure type and intensity level):

☐ "Talk Test"	☐ Perceived Exertion (10 Point Scale)	☐ Maximal Heart Rate (HR_{max})* =
☐ Low intensity (able to talk and/or sing) ☐ Moderate intensity (able to talk but not sing) ☐ Vigorous intensity (difficult or unable to talk)	☐ Low (less than 3) ☐ Moderate (3 to 4) ☐ Vigorous (more than or equal to 5)	☐ Low (less than 64% = _____) ☐ Moderate (64% to 76% = _____) ☐ Vigorous (more than 76% = _____) **Calculating HR_{max} = 206.9 – (0.67 x age)*

Comments: _____

FITT Plan

Exercise Prescription	Cardio/Aerobic	Strength/Resistance	Flexibility/Stretching	Balance
F — Frequency Times per week				
I — Intensity (e.g., low, moderate, vigorous)				
T — Time/duration Minutes each day				
T — Type (e.g., walking, jogging, swimming)				

These recommendations should be followed under the supervision and guidance of a qualified healthcare professional.

Comments: _____

Recommended by _____ *Date* _____

Reassessment Appointment _____

Based on the American College of Sports Medicine's Exercise is Medicine: A Clinician's Guide to Exercise Prescription. Philadelphia (PA): Lippincott Williams & Wilkins; 2009: 99-133.