



## Personal Training Exercise Prescription

### Patient Information

Patient Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Patient Phone: \_\_\_\_\_ Patient Email: \_\_\_\_\_

Please list any/all medical conditions: \_\_\_\_\_

### Exercise Prescription May Include

#### DO

- Cardiovascular Conditioning
- Mobility Training
- Strength Training
- Balance and Flexibility
- Other: \_\_\_\_\_

#### DON'T

- Cardiovascular Conditioning
- Mobility Training
- Strength Training
- Balance and Flexibility
- Other: \_\_\_\_\_

List any precautions/special conditions for exercise: \_\_\_\_\_

### Healthcare Provider Information

Healthcare Provider Name: \_\_\_\_\_ Practice Contact (PC) Name: \_\_\_\_\_

PC Phone: \_\_\_\_\_ PC Email: \_\_\_\_\_

#### Best method to contact the healthcare provider/PC: (please check any/all that apply)

- Call with patient updates/progress report
- Email with patient updates/progress report

Referring Healthcare Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**(required)**

To get started or for more information, please call (509) 943-8416.

**Must be redeemed within 60 days of prescription date.**