

Patient Name: _____

Date: _____

Prescription for Exercise

Type: ☐ Aerobic ☐ Strength
☐ Flexibility (helpful for all older adults)
☐ Balance (especially helpful if at risk for falls)

Intensity: ☐ Low ☐ Moderate ☐ Vigorous

Duration: ☐ 10 min ☐ 15 min ☐ 30 min ☐ _____ min

Times per week: ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

Activity Selection: ☐ Walking ☐ Jogging ☐ Bicycling
☐ Swimming ☐ Yoga ☐ Chair Stands
☐ Tai Chi ☐ Stretching ☐ Aerobics
☐ Sports ☐ Chair Stretches
☐ Weight Training

Progression: ☐ Beginner ☐ Intermediate ☐ Advanced

Precautions: Start slowly and report any symptoms to your physician. Doing activities you enjoy with others is a great way to start & remain active.

Notes:

Physician's Signature: _____



If you would like more information, please contact:

1. National Institute on Aging

1-800-222-2225 (toll-free)

1-800-222-4225 (TTY/toll-free)

www.nia.nih.gov/health/publication/exercise-and-physical-activity

2. Centers for Disease Control

1-800-CDC-INFO (1-800-232-4636)

TTY: 1-888-232-6348

www.cdc.gov/physicalactivity/growingstronger/exercises/

3. Tufts Health Plan Medicare Preferred Customer Relations

1-800-701-9000 (TTY: 1-800-208-9562).

Representatives are available Monday - Friday 8 a.m. - 8 p.m.

(From October 1 - February 14, representatives are available

7 days a week, 8:00 a.m. - 8:00 p.m.) After hours and on

holidays, please leave a message and a representative will return your call the next business day.

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