



# Prevention<sup>Rx</sup>

Provider name \_\_\_\_\_

Follow-up date \_\_\_\_\_

Client name \_\_\_\_\_

Motivation \_\_\_\_\_

## Exercise

Goal \_\_\_\_\_

## Nutrition

Goal \_\_\_\_\_

### Activity

Start with \_\_\_\_\_ min \_\_\_\_\_ x/week

Type \_\_\_\_\_

Reduce screen time

Focus:  Label reading

Heart health

Increase protein

Reduce sodium

Meal planning

Caloric deficit

Reduce added sugar

### Grocery list:

\* \_\_\_\_\_ \*

\* \_\_\_\_\_ \*

\* \_\_\_\_\_ \*

### Strength training

Where:  Gym

Home routine

Group exercise

Focus:

Balance/function

Preserve/grow muscle

Rehabilitation

Fitness referral

Dietitian referral

Where \_\_\_\_\_

Where \_\_\_\_\_

### Notes: