

## For Better Health: Your Aerobic Exercise Plan

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\_\_\_\_\_  
Patient Name

\_\_\_\_\_  
Date

### Type of Physical Activity I'd Like to Do:

- Walking
- Swimming
- Bicycling
- Stairmaster
- Treadmill
- Other: \_\_\_\_\_

### Intensity:

- Suggested heart rate \_\_\_\_\_
- Perceived level of adequate exertion (able to talk in short sentences)

### Duration:

- Warm up 5 to 10 minutes
- Initial duration \_\_\_\_\_ minutes 1 2 3 4 5 6 7 times per week  
(insert time) (circle frequency)
- Goal duration \_\_\_\_\_ minutes 1 2 3 4 5 6 7 times per week  
(insert time) (circle frequency)

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Physician signature