MY NAME: ______________________ MY DOCTOR: ____________________ TODAY’S DATE: _______________ 
WHERE I’M STARTING: Activity level: _______ minutes/week  Weight: _______ pounds  Sleep: _______ hours/day

MY KEY RISK AREAS AND POSSIBLE GOALS

Physical Activity

- Moderate to vigorous aerobic physical activity:
  - Brisk walking or ____________ minutes/week
  - Days/week _______ x Minutes/day _______
  - = Total minutes per week: _______ (build up to at least 150)

- Strength training 2 or more days per week:
  - What: ________________________________

- Reduce total sitting time
  - from _____ hours a day to _____ hours a day

- Reduce screen time (TV, video games, Internet)
  - from _____ hours a day to _____ hours a day

- Other: ______________________________

Other Important Lifestyle Factors

- Sleep _____ hours per night _______ nights per week
  - (aim for 7 to 9 hours every night)

- Manage stress by: ______________________________

- Find a friend or family member to support my commitment:
  - Who: ______________________________

- Reduce alcohol intake to less than _____ drinks per week

- Quit tobacco: Method: ___________ Quit date: ___________

- Reward myself for small changes and successes
  - How: ______________________________

- Other: ______________________________

Nutrition

- Eat a healthy breakfast _____ times per week

- Eat or drink MORE of these:
  - fruits: ______ servings/day
  - vegetables: ______ servings/day
  - other: ______________________________

- Eat or drink LESS of these:
  - sweetened drinks - less than _____ 12-oz servings/week
  - other: ______________________________

- Eat meals together as a family _____ times per week

- Keep a food journal for _____ days

- Reduce portion sizes by using a smaller plate or: _______

- Other: ______________________________

Weight Management

- Lose _____% of body weight or _____ pounds
  - by _____________________________(date)

- Record weight at least once per week for _____ weeks

- Record food intake every day for _____ days
  - Target calories/day: _____
  - Target carb gms/day: _____

- Record daily physical activity for _____ weeks
  - Target minutes/week: 250  300

- Other: ______________________________

MAIN GOAL and PRESCRIPTION

Main goal my doctor and I agree on: ______________________________________

Patient education resources:  □ Handouts given: ______________________________

Referrals:  □ Nutrition counseling: Dietitian ___________________________ Phone ___________________________

□ Weigh to Health program: Location ___________________________ Phone ___________________________

□ Other: ______________________________

Tracking method: __________________________  Report or follow up: In _____ weeks / months with ___________

Signed: ______________________(patient) ____________________________ (provider) __________ (date)

Give the patient a copy of this Rx, and keep a copy in the patient’s chart.