

Date:		Location:		Technician:	
Name:		Age:	Gender:	Ethnicity:	Language:
City:		Organization:			
Email:			Phone #:		
Exercise Pattern:		days/week x	min/day =	min/week	Exercise Hate Scale:
Why do you hate to exercise? Time Boring Pain Sweat SoB DOMS Futility Other:					
Height:		ft	in	Weight:	lbs
WC:		in	BMI:	Classification:	
Screen/Consent:			Research:		Treadmill:
Exercise	Phase 1	Phase 2	Score	Exercise Dose Equivalents	
Walk/Jog				250 Steps	24 Lunges
Squats				30 Squats	25 Sit-Ups
Leg-Raises				25 Leg-Raises	30 Rows
Push-Ups				20 Push-Ups	10 Burpees
Med-Fit Score				%	Referrals
Rx: Take _____ Doses of Exercise _____ times per day, _____ days per week = _____ doses/week. ___ Increase as Tolerated, ___ Log Daily Doses				M4B / CC:	
				OptiHealth Clinic:	
				TLC Action Group:	
Follow-Up: _____ weeks				___ Bring a friend!	
				Other:	

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