

Physical Activity on Prescription template*

Patient information

Name: <i>Press and enter text here.</i>	Phone number: <i>Press and enter text here.</i>	Date: <i>Press and choose here</i>
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Present physical activity

Physical activity on high intensity per week <i>Type of activity:</i> <i>Press and enter text here</i>	<i>Number of minutes:</i> <i>Press and enter text here.</i>
Physical activity on moderate intensity per week <i>Type of activity:</i> <i>Press and enter text here.</i>	<i>Number of minutes:</i> <i>Press and enter text here.</i>
Muscle-strengthening activity days per week: <i>Press and enter text here.</i>	
Sedentary time during a normal day, hours per day: <i>Press and enter text here.</i>	

Patient's own goal and expectation

<i>Press and enter text here.</i>

Reason for prescription

<i>Press and enter text here.</i>

Prescription

Activity 1

<input type="checkbox"/> Cardio	<input type="checkbox"/> Strength	<input type="checkbox"/> Mobility	<input type="checkbox"/> Balance	<input type="checkbox"/> Sedentary behaviour
Specify how/where/when the activity will be carried out: <i>Press and enter text here.</i>				
Remember to: <i>Press and enter text here.</i>				
Support for behaviour change: (step counter/activity diary/etc.) <i>Press and enter text here.</i>				

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Activity 2

<input type="checkbox"/> Cardio	<input type="checkbox"/> Strength	<input type="checkbox"/> Mobility	<input type="checkbox"/> Balance	<input type="checkbox"/> Sedentary behaviour
Specify how/where/when the activity will be carried out: Press and enter text here.				
Remember to: Press and enter text here.				
Support for behaviour change: (step counter/activity diary/etc.) Press and enter text here.				

Activity 3

<input type="checkbox"/> Cardio	<input type="checkbox"/> Strength	<input type="checkbox"/> Mobility	<input type="checkbox"/> Balance	<input type="checkbox"/> Sedentary behaviour
Specify how/where/when/for how long the activity will be carried out: Press and enter text here.				
Remember to: Press and enter text here.				
Support for behaviour change: (step counter/activity diary/etc.) Press and enter text here.				

Follow-up

Follow-up will be made with: <input type="checkbox"/> Prescriber <input type="checkbox"/> Other: Press and enter text here.
When will the follow-up take place? (Time and date) Press and enter text here.
Follow-up will be made through: <input type="checkbox"/> Return visit <input type="checkbox"/> Phone <input type="checkbox"/> Digital video call

Evaluation

<input type="checkbox"/> Physical activity (activity minutes)
<input type="checkbox"/> Muscle-strengthening physical activity (days)
<input type="checkbox"/> Sitting (hours)
<input type="checkbox"/> Person's own goal
<input type="checkbox"/> Function/capacity
<input type="checkbox"/> Health-related quality of life
<input type="checkbox"/> Disease-specific markers
<input type="checkbox"/> Other: Press and enter text here.
Comments Press and enter text here.

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Prescription made by

Name Press and enter text here.	Profession Press and enter text here.	Phone Press and enter text here.
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Other comments: Press and enter text here.

***This template is based on the official Swedish Physical Activity on Prescription (FaR®) form, developed by YFA – Professional Associations for Physical Activity. Adapted for educational use only.**