

# OVERWEIGHT AND OBESITY GUIDELINE FITNESS PRESCRIPTION



## FITNESS PRESCRIPTION

Patient name: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

	Physical Activity	Healthy Eating	Emotional Well-Being
<b>Opportunity</b> (What do I want to do?)			
<b>Goal</b> (My target)			
<b>Dose</b> (How much how often)			
<b>Benefits</b> (What's in it for me?)			

Personal Goal(s): \_\_\_\_\_

Use the Food & Activity Journal and share your progress at the next visit.

Next follow-up visit scheduled for: \_\_\_\_\_

Physician signature: \_\_\_\_\_




For more information visit [www.familydoctor.org](http://www.familydoctor.org).




An American Academy of Family Physicians Initiative

Actual Size

**100 Sheets / Glue pad**

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