

## EXERCISE PRESCRIPTION & LIFESTYLE COUNSELING REFERRAL FORM

**Fax** this form to KontosNutrition at: 212-865-0788 **Or call** to schedule the appointment at: 212-865-0788

PATIENT'S NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

HEALTH CARE PROVIDER'S NAME: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Group Practice Name, Address, Phone Number \_\_\_\_\_

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### PHYSICAL ACTIVITY RECOMMENDATIONS

### REASON FOR REFERRAL

Type of Physical activity	Cardio	Strength	<i>Please check all that apply:</i> <input type="checkbox"/> Lack of physical activity/Sedentary <input type="checkbox"/> Prediabetes <input type="checkbox"/> Type II Diabetes <input type="checkbox"/> Hypertension <input type="checkbox"/> Dyslipidemia <input type="checkbox"/> Pregnancy <input type="checkbox"/> Obesity <input type="checkbox"/> Other  Notes: _____ _____ _____ _____
Number of days per week			
Minutes per day			
Total minutes per week			

### PHYSICAL ACTIVITY GUIDELINES

*Adults aged 18-64 with no chronic conditions: Minimum of 150 minutes of moderate physical activity a week (for example, 30 minutes per day, five days a week) and muscle-strengthening activities on two or more days a week (2008 Physical Activity Guidelines for Americans).*

*Physical activity guidelines for adults aged 18-64 with chronic conditions are specific to a chronic condition. For more information, visit [www.acsm.org/physicalactivity](http://www.acsm.org/physicalactivity).*

*Spiros Kontos MS, RD, CDN, CDE*