

Patient's Name:	Exercise Therapist			
	Phone:	ext.	• Fax:	
	Email:			

Exercise Prescription: Always warm up and cool down.

This week: _______, ____ days and resistance training (RT) ____ days

RPE Scale (Rating of Perceived Exertion):



	Cardio-Based				Resistance	e Training	Comments	
Date	Exercise (i.e., walking, cycling)	Distance	Minutes	es RPE # of Sets Completed F	RPE	(symptoms, exercise heart rate, medical visits, medication changes etc.)		

Total cardio-based exercise minutes this week = minutes

RESISTANCE TRAINING EXAMPLE:

For more information, speak to your Exercise Therapist, refer to our resistance training package, or visit our website: www.GetHeartHealthy.ca



MUSCLE GROUP: LEGS

MUSCLE GROUP: BACK



MUSCLE GROUP: CHEST



MUSCLE GROUP: ARMS



MUSCLE GROUP: CORE



Exercise Therapist

Phone: Email: ext.

• Fax:

Health Vision: A health vision statement helps you imagine what is your "best-self". Ask yourself, what could I be doing consistently in three months from today? How would I like to feel? How is my future self different than my current self?



My health vision is:

S.M.A.R.T. Goals: The acronym S.M.A.R.T. is a tool that can be used to guide goal setting. Fill out the chart below with one or two goals to work towards this week.





