

# Physical activity on Prescription

# FaR<sup>®</sup>

Fysisk Aktivitet på Recept

Prescriber	Personal Identity no.	Date
	Name	
	Address	
	Phone	

## Goal/target

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## Everyday activity

<input type="checkbox"/> Reduce sedentary	1:
	2:

<input type="checkbox"/> Increase everyday activity	1:
	2:

## Physical activity/exercise 1

Activity:
<input type="checkbox"/> Aerobic fitness <input type="checkbox"/> Strength <input type="checkbox"/> Mobility/flexibility <input type="checkbox"/> Balance <input type="checkbox"/> Other:
Sessions per week:          Minutes per session:
Intensity: <input type="checkbox"/> Low (Borg RPE 9–11) <input type="checkbox"/> Moderate (Borg RPE 12–13) <input type="checkbox"/> Vigorous (Borg RPE 14–17)
Avoid/be careful with:

## Physical activity/exercise 2

Activity:
<input type="checkbox"/> Aerobic fitness <input type="checkbox"/> Strength <input type="checkbox"/> Mobility/flexibility <input type="checkbox"/> Balance <input type="checkbox"/> Other:
Sessions per week:          Minutes per session:
Intensity: <input type="checkbox"/> Low (Borg RPE 9–11) <input type="checkbox"/> Moderate (Borg RPE 12–13) <input type="checkbox"/> Vigorous (Borg RPE 14–17)
Avoid/be careful with:

## Follow-up

Return visit, date:
Phone or letter, date:
Other health care provider:

*Prescription is valid up to 1 year from issue date.*