

Prescription for Outdoor Activity

Patient Name: _____ Date: _____

Congratulations on deciding to increase your physical activity!
Your goal is to do 1 or more hours of physical activity each day.

Start with: _____ minutes _____ days per week
Gradually increase to: _____ minutes _____ days per week



Take a trip to your local park, go in the backyard or outside in your neighborhood and try the following activities. Or...create your own outdoor adventure!



- Family walk
 - Dancing
 - Plant in a garden
 - Sports such as basketball or soccer
 - Nature Walk (www.parkandrec.com)
 - Hopping, skipping and jumping rope
 - Running
 - Bicycle riding with helmet
 - Skating with helmet
 - Swimming
- _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____
 - _____

We will review this plan at your next visit in _____ weeks/months.

Health Care Provider Signature

