

AIM-HI FITNESS PRESCRIPTION

Patient name: _____

Date: __/__/__

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

Personal Goal(s): _____

Use the Food & Activity Journal and bring it back to the next visit.

Next follow-up visit scheduled for: _____

Physician signature: _____

Patient signature: _____

For more information visit
www.familydoctor.org.



YOUR PERSONALIZED FITNESS PRESCRIPTION

Just like any other prescription, individuals should know what is being prescribed, why, how to take it and any side effects or warnings. With this in mind, consider these points.

BRAND NAME: Fitness

GENERIC NAMES: Physical activity, healthy eating, emotional well-being

INDICATIONS: Effective for treating low energy, stress and boredom; prevents undesired weight gain; helps manage a healthy weight; helps improve long-term health conditions like high blood pressure or high cholesterol; helps prevent potential chronic health problems like diabetes and heart disease.

BENEFITS: Increased energy, manage or maintain weight, more mindful decision-making, improved eating habits and appetite, better self-image and confidence, improved sense of well-being.

SIDE EFFECTS: Be in charge of your life; feel stronger, healthier and more youthful; have a more positive outlook; find balance in all areas of your life; develop lasting, long-term changes for improved health.

PRECAUTIONS: Talk to your family doctor before making any major changes.

DOSAGE: Start small, increase slowly and repeat often. Adjust to fit your needs.

WARNING: Likely to become habit-forming when used regularly!

Adapted with permission from Am I Hungry? What To Do When Diets Don't Work
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