

Exercise Prescription Form

This is for exercise prescription during dialysis and/exercise outside of the renal unit

Patient Details (attach sticker):

Date Completed:

Name of Prescriber:

Warm Up (5 minutes)

Aerobic Activity

Frequency: _____

Intensity (please circle): **Moderate** **Strong** **Moderate and Strong**

HR: bpm

RPE: (0-100)

Time: _____

Type: _____

Muscle Strengthening Activity

Frequency: _____

Intensity: _____ Repetitions _____ Sets _____ Weight (if any)

Type: _____

Cool Down (5 minutes)

Flexibility Activity

Frequency: _____

Intensity: *Stretch to the point of tightness* _____

Time: _____

Type: _____
