

# Rx to Better Health

My name: \_\_\_\_\_ My doctor: \_\_\_\_\_ Today's date: \_\_\_\_\_

Where I'm starting: Activity level: \_\_\_\_\_ minutes/week Weight: \_\_\_\_\_ pounds Sleep: \_\_\_\_\_ hours/day

## Goals for a Healthier Life



### Activity

- ☐ Moderate to vigorous aerobic physical activity:  
Brisk walking or \_\_\_\_\_  
Days/week \_\_\_\_\_ x Minutes/day \_\_\_\_\_  
= Total minutes per week: \_\_\_\_\_  
(build up to at least 150)
- ☐ Strength training 2 or more days per week:  
What: \_\_\_\_\_
- ☐ Reduce total sitting time  
from \_\_\_\_\_ hours a day to \_\_\_\_\_ hours a day
- ☐ Reduce screen time (TV, video games, Internet)  
from \_\_\_\_\_ hours a day to \_\_\_\_\_ hours a day
- ☐ Other: \_\_\_\_\_



### Lifestyle

- ☐ Sleep \_\_\_\_\_ hours per night \_\_\_\_\_ nights per week  
(aim for 7 to 9 hours every night)
- ☐ Manage stress by: \_\_\_\_\_
- ☐ Find a friend or family to support my commitment:  
Who: \_\_\_\_\_
- ☐ Reduce alcohol to less than \_\_\_\_\_ drinks per week
- ☐ Quit tobacco:  
Method: \_\_\_\_\_ Quit date: \_\_\_\_\_
- ☐ Reward myself for small changes and successes  
How: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_



### Nutrition

- ☐ Eat a healthy breakfast \_\_\_\_\_ times per week
- ☐ Eat or drink MORE of these:
  - ☐ Fruits: \_\_\_\_\_ servings/day
  - ☐ Vegetables: \_\_\_\_\_ servings/day
  - ☐ Other: \_\_\_\_\_
- ☐ Eat or drink LESS of these:
  - ☐ Sweet drinks: less than \_\_\_\_\_ 12-oz servings/week
  - ☐ Other: \_\_\_\_\_
- ☐ Eat an undistracted meal \_\_\_\_\_ times per week
- ☐ Keep a food journal for \_\_\_\_\_ days
- ☐ Reduce portions by using a smaller plate or: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_



### Weight

- ☐ Lose \_\_\_\_\_ % of body weight or \_\_\_\_\_ pounds  
by \_\_\_\_\_ (date)
- ☐ Record weight at least once a week for \_\_\_\_\_ weeks
- ☐ Record food intake every day for \_\_\_\_\_ days
  - ☐ Target calories/day: \_\_\_\_\_
  - ☐ Target carb gms/day: \_\_\_\_\_
- ☐ Record daily physical activity for \_\_\_\_\_ weeks  
Target minutes/week: ☐ 250 ☐ 300  
☐ Other: \_\_\_\_\_
- ☐ Other: \_\_\_\_\_

Main goal my doctor and I agree on: \_\_\_\_\_

Patient education resources: ☐ Handouts given: \_\_\_\_\_

Referrals: ☐ Nutrition counseling: Dietitian \_\_\_\_\_ Phone \_\_\_\_\_  
☐ Weigh to Health program: Location \_\_\_\_\_ Phone \_\_\_\_\_  
☐ Other: \_\_\_\_\_

Tracking method: \_\_\_\_\_ Report or follow up: In \_\_\_\_\_ weeks/months with \_\_\_\_\_

Signed: \_\_\_\_\_ (patient) \_\_\_\_\_ (provider) \_\_\_\_\_ (date)

Give the patient a copy of this Rx and keep a copy in the patient's chart.



Pt Inst 50280

© 2023 - 2013 Intermountain Health. All rights reserved. CPM015f - 11/23