



The Foundation

HUMBOLDT-DEL NORTE FOUNDATION FOR MEDICAL CARE

A partner in the delivery of medical care in Humboldt and Del Norte Counties since 1963

Weight Management Lifeskills Program Exercise Evaluation Tool

Objective:

A safe and effective exercise plan that the patient is likely to continue independently

Patient Name: _____ Date: _____

Physical Therapist Signature: _____

1. Current exercise level:

2. Limitations to exercise:

3. Exercise preference:

4. Anticipated number of visits to transition to an independent program:

5. Specific exercise plans:

6. Program completed and expected outcome or current barriers to success described:
