

Patient Name: _____

A Prescription for Walking



Number of minutes: _____

Number of days per week: _____

Intensity: Set a pace that is brisk enough that you can't sing, but not so fast that you can't talk while walking.

STOP if you experience chest pain, shortness of breath or feel ill.

Health Goals:

- Reduce your risk of heart disease and stroke
- Improve your blood pressure, blood sugar levels and blood lipid profile
- Manage your weight
- Improve your mood, energy and stamina
- Reduce your risk of osteoporosis
- Reduce your risk of (or manage) Type 2 diabetes
- Reduce your risk of breast and colon cancer

Resources:

- Bike Walk Wichita: www.BikeWalkWichita.org
- City of Wichita: www.wichita.gov/ParkandRec
- Health & Wellness Coalition of Wichita: www.hwcwichita.org
- Tips and free programs: www.theWalkingSite.com
- Walking Groups: www.prevention.com/fitness/start-walking-group

Physician _____ Date _____

This prescription brought to you by:

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MSSC
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SEDGWICK COUNTY



KANSAS ACADEMY OF
FAMILY PHYSICIANS
CARING FOR KANSANS

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Resources:

- *Local resource—add here or delete*
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