



Healthy Lifestyle Prescription

Patient's Name: _____ Date: _____

Diagnosis: _____

Specific Instructions:

- Eat breakfast EVERYDAY.
- Eat at least 5 servings/day of fruits and vegetables.
- Eat healthy snacks like fruits, vegetables, and whole-grain crackers.
- Limit fast food and fried food.
- No supersizing fast food or drinks.
- Limit sugary drinks such as sodas and sports drinks.
- Limit juice to _____ ounces per day.
- Drink water when thirsty.
- Increase consumption of low-fat milk and dairy products (1% or skim milk).
- Play outside for 1 hour during the day.
- Limit TV/video/computer to 2 hours/day.

In my professional opinion, in accordance with accepted medical practice standards, the above-mentioned patient requires healthy lifestyle changes for the problems indicated above.

Physician's Signature: _____ Date: _____



Healthy Lifestyle Prescription

Patient's Name: _____ Date: _____

Diagnosis: _____

Specific Instructions:

- Eat breakfast EVERYDAY.
- Eat at least 5 servings/day of fruits and vegetables.
- Eat healthy snacks like fruits, vegetables, and whole-grain crackers.
- Limit fast food and fried food.
- No supersizing fast food or drinks.
- Limit sugary drinks such as sodas and sports drinks.
- Limit juice to _____ ounces per day.
- Drink water when thirsty.
- Increase consumption of low-fat milk and dairy products (1% or skim milk).
- Play outside for 1 hour during the day.
- Limit TV/video/computer to 2 hours/day.

In my professional opinion, in accordance with accepted medical practice standards, the above-mentioned patient requires healthy lifestyle changes for the problems indicated above.

Physician's Signature: _____ Date: _____