

Healthy Lifestyle Contract

A Guide for Physicians + Health Educators

Overview

The wellness prescription program is a tool to assist medical providers and encourage patients to make healthy lifestyle changes and decisions.

How to Complete

Use this prescription as a general guide to assist patients in making goals for healthier habits. Tailor it to patient needs.

Best Practices

- Scan the Healthy Lifestyle Contract into electronic health records for tracking.
- Encourage patients to use local resources at www.movemoremov.com and to participate in community challenges.
- Emphasize the importance of follow up visits.
- Consider engaging Behavioral Health to support the lifestyle change



Move More MOV
Healthy Moves Every Day

Healthy Lifestyle Contract

Dietary Change



- | | |
|-----------------------------------------------------------------------------|----------------------------------------------------------------------|
| <input type="checkbox"/> Eat healthy breakfast | <input type="checkbox"/> Eat more whole grains |
| <input type="checkbox"/> Eat fruit (fresh or frozen) ___ times per day/week | <input type="checkbox"/> Reduce daily soda/sugar drinks to ___ daily |
| <input type="checkbox"/> Eat ___ vegetables (fresh or frozen) per day | <input type="checkbox"/> Drink ___ cups water daily |

Smart Goal: _____

1. Help patients identify 1-3 focus areas.



Physical Activity Change

- | | |
|----------------------------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> Walk ___ days/week for ___ min. | <input type="checkbox"/> Take P.E. class |
| <input type="checkbox"/> Dance while listening to music | <input type="checkbox"/> Ride bike ___ min. ___ days/week |
| <input type="checkbox"/> Walk pet daily | <input type="checkbox"/> Swim ___ min. ___ days/week |
| <input type="checkbox"/> Join sports team | <input type="checkbox"/> Jump rope ___ min. ___ days/week |

Smart Goal: _____

2. Discuss realistic and attainable changes.

Behavioral Change



- | | |
|-------------------------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Watch ___ minutes less TV daily | <input type="checkbox"/> Keep activity journal |
| <input type="checkbox"/> Spend ___ minutes less on computer daily | <input type="checkbox"/> Reward success with non-food items |
| <input type="checkbox"/> Only eat at dining table | <input type="checkbox"/> Quit tobacco call 1.800.784.8669 |

Smart Goal: _____

3. Provide resources to support the change



Agreement

- I agree to make the dietary, physical activity and/or behavioral changes we have discussed today and report back by _____. (insert date)

4. Schedule a follow-up visit to check progress

For additional information and resources on living a healthy lifestyle, visit movemoremov.com.