

Healthy Lifestyle Prescription Pad Contract

Dietary Change	Physical Activity Change	Behavioral Change					
☐ Eat healthy breakfast	□ Walk days/week for minutes	☐ Watch less TV					
Eat more fruit (fresh or frozen)	Dance while listening to music	☐ Limit time spent on computer					
Eat more vegetables (fresh or frozen)	☐ Walk pet daily	☐ Limit time playing video games					
Eat more whole grains	☐ Join sports team	Only eat at dining table					
Reduce sweets & salty snacks	☐ Take P.E. class	☐ Keep food journal					
Reduce soda & sweetened drinks	☐ Ride bike minutes days/week	☐ Keep activity journal					
□ Drink more water	☐ Swim minutes days/week	□ Do not stuff yourself at meals					
☐ Eat 3 meals daily	☐ Jump rope minutes days/week	Reward success with non-food items					
☐ Drink more milk	□ Other	Quit smoking and tobacco use					
□ Other	☐ Other	(1.800.Quit.Now) 1.800.784.8669					
		☐ Other					
Our family agrees to make at least one dietary change, one physical activity change, and one behavioral change.							
PATIENT NAME APPOINT	MENT DATETIME	HEALTH CARE PROVIDER					
For additional information and resources on living a healthy lifestyle, visit www.adph.ora.							

ADPH-N&PA-45-012512

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