PATIENT’S NAME: ____________________________

☐ Be physically active most days of the week.

☐ Avoid inactivity

☐ Contact the National Center on Health, Physical Activity and Disability for assistance in exercise programming as well as finding programs, fitness centers and personal trainers in your area.

WEBSITE AND LIVE CHAT: WWW.NCHPAD.ORG  VOICE AND TTY: 1-800-900-8086