



David York Agency
Home Health Care

(718) 376-7755

1416 Avenue M, Suite 301
Brooklyn, NY 11230

MY EXERCISE PLAN

Worksheets to be filled out and tracked in association with Healthcare Professional, Fitness Trainer or Caregiver

PHYSICAL FITNESS GOALS

Short Term Goals: List 2 or 3 things to accomplish over the next few weeks to help make exercise a part of your daily routine.

1.

2.

3.

Long Term Goals: List 2 or 3 long term goals for your exercise plan such as specific physical improvements you would like to see.

1.

2.

3.



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Specific Workout Activities

As of (Date): _____

Use this form with your Healthcare Professional or Fitness Trainer to specify the activities for your personal workout routine while incorporating your long term goals.

| | Activity Suggested Minutes/Times per Week | Activity Suggested Minutes/Times per Week | Activity Suggested Minutes/Times per Week |
|---------------------|---|---|---|
| Increased Mobility | | | |
| Endurance | | | |
| Upper-Body Strength | | | |
| Lower-Body Strength | | | |
| Balance | | | |
| Flexibility | | | |



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Keep track of your weekly progress and compliance with your exercise routine using the forms below.

Activity Log: Week of _____

Monday

| Activity: Monday | # of Minutes | Progress Notes | How I Felt |
|-------------------------|---------------------|-----------------------|-------------------|
| | | | |
| | | | |
| | | | |
| Total: | | | |

Tuesday

| Activity: Tuesday | # of Minutes | Progress Notes | How I Felt |
|--------------------------|---------------------|-----------------------|-------------------|
| | | | |
| | | | |
| | | | |
| Total: | | | |



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Week of _____

Wednesday

| Activity: | # of Minutes | Progress Notes | How I Felt |
|---------------|--------------|----------------|------------|
| | | | |
| | | | |
| | | | |
| Total: | | | |

Thursday

| Activity: | # of Minutes | Progress Notes | How I Felt |
|---------------|--------------|----------------|------------|
| | | | |
| | | | |
| | | | |
| Total: | | | |

Friday

| Activity: | # of Minutes | Progress Notes | How I Felt |
|---------------|--------------|----------------|------------|
| | | | |
| | | | |
| | | | |
| Total: | | | |



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Saturday

Week of _____

| Activity: Saturday | # of Minutes | Progress Notes | How I Felt |
|--------------------|--------------|----------------|------------|
| | | | |
| | | | |
| | | | |
| Total: | | | |

Sunday

| Activity: Sunday | # of Minutes | Progress Notes | How I Felt |
|------------------|--------------|----------------|------------|
| | | | |
| | | | |
| | | | |
| Total: | | | |