

Exercise Rx

LockOnFitness.com

Date: _____

Goals:

Primary Goal:	
Secondary Goals:	
Sub-Goal for this Exercise Rx:	

Exercise Rx:

Frequency
Frequency: _____ Days per Week Recovery Days Between Workouts: _____
Intensity
Primary Zone: _____ Percentage of Workout Time: _____ %
Secondary Zones: _____ Percentage of Workout Time: _____ %
_____ Percentage of Workout Time: _____ %
Time
Time per Workout: _____ Minutes per Workout

Notes:
