

Beginners Gym Exercise Plan

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Agree each goal and action together, then set a review date. Update the plan whenever circumstances change.

Name: _____

Date completed: _____ dd / mm / yyyy

Date of birth: _____ dd / mm / yyyy

Record / MRN number: _____

Prepared by: _____

Date agreed: _____ dd / mm / yyyy

Review date: _____ dd / mm / yyyy

Next appointment: _____

Background - why this plan is needed

GOALS

1 - Goal: _____

1 - How progress is measured: _____

1 - Target date: _____ dd / mm / yyyy

2 - Goal: _____

2 - How progress is measured: _____

2 - Target date: _____ dd / mm / yyyy

3 - Goal: _____

3 - How progress is measured: _____

3 - Target date: _____ dd / mm / yyyy

4 - Goal: _____

4 - How progress is measured: _____

4 - Target date: _____ dd / mm / yyyy

5 - Goal: _____

5 - How progress is measured: _____

5 - Target date: _____ dd / mm / yyyy

ACTIONS

Action: _____

Who is responsible: _____

Start: _____ dd / mm / yyyy

Review: _____ dd / mm / yyyy

Action: _____

Who is responsible: _____

Start: _____ dd / mm / yyyy

Review: _____ dd / mm / yyyy

Action: _____

Who is responsible: _____

Start: _____ dd / mm / yyyy

Review: _____ dd / mm / yyyy

Action: _____

Who is responsible: _____

Start: _____ dd / mm / yyyy

Review: _____ dd / mm / yyyy

Action: _____

Who is responsible: _____

Start: _____ dd / mm / yyyy

Review: _____ dd / mm / yyyy

Action: _____

Who is responsible: _____

Start: _____ dd / mm / yyyy

Review: _____ dd / mm / yyyy

Action: _____

Who is responsible: _____

Start: _____ dd / mm / yyyy

Review: _____ dd / mm / yyyy

SUPPORT IN PLACE

Support in place

- ☐ Written information provided
- ☐ Contact details for questions given
- ☐ Family, carer or colleague involved with consent
- ☐ Equipment or medication supplied
- ☐ Follow-up booked

What to do if things change - warning signs and who to contact

REVIEW RECORD

Date: _____ dd / mm / yyyy	Progress: _____
Changes made: _____	Reviewed by: _____
Date: _____ dd / mm / yyyy	Progress: _____
Changes made: _____	Reviewed by: _____
Date: _____ dd / mm / yyyy	Progress: _____
Changes made: _____	Reviewed by: _____
Date: _____ dd / mm / yyyy	Progress: _____
Changes made: _____	Reviewed by: _____
Date: _____ dd / mm / yyyy	Progress: _____
Changes made: _____	Reviewed by: _____

Signature and date

Clinician signature and date