

Phone: (530) 541-7133

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2877 Lake Tahoe Blvd. Suite D

South Lake Tahoe, CA 96150

NAME: _____

GOALS: _____

NOTES: _____

EXERCISE RECORD

DATE(S):																
	EXERCISE / ACTIVITY	WT/TIME	REPS	SETS	WT/TIME	REPS	SETS	WT/TIME	REPS	SETS	WT/TIME	REPS	SETS	WT/TIME	REPS	SETS

It is important to check with your physician before beginning any exercise program and to exercise according to your fitness level and capabilities. Proper exercise instruction is necessary. If you experience pain or discomfort, stop immediately and consult your therapist. If you have any questions, please seek the guidance of your therapist or other healthcare professional.