



University of Virginia Medical Center

Renal Services

Weight Training Prescription

Name: _____
Pod: _____
HTN? _____
Dialysis days: _____
Date: _____

Weight Training Prescription

Weights:	_____
Sets:	_____
Repetitions:	_____
Frequency:	_____
Follow up:	_____
Considerations:	_____ _____ _____

Exercise Physiologist: _____
(Name) (Date)