

# Rx to



## ... a prescription for Kids, Teens, and Families

To reach and keep a healthy weight, build better habits together. The 8 habits prescribed below are the best place to start. Scientific studies show that these have the biggest impact on your weight, your health, and your outlook.

### FOOD

This prescription is for (name): \_\_\_\_\_

Age: \_\_\_\_\_

Date: \_\_\_\_\_

**1 Always eat breakfast—and make it healthy.**

- \_\_\_\_\_ days per week (aim for every day)
- Healthy choices: \_\_\_\_\_

**2 Eat more fruits and vegetables.**

- \_\_\_\_\_ Fruits every day (aim for 1 to 2 cups)
- \_\_\_\_\_ Veggies every day (aim for 1½ to 3 cups)

**3 Limit—or eliminate—sweetened drinks.**

- Less than 12 ounces per week of sweetened drinks like soda, lemonade, punch, and sports drinks. Instead, substitute:
  - \_\_\_\_\_ cups of milk every day (aim for 2 to 3 cups)
  - \_\_\_\_\_ cups of water every day
  - Other: \_\_\_\_\_
- Less than 6 ounces of juice every day

### ACTIVITY

**4 Limit screen time** (TV, video games, Internet)

- Less than \_\_\_\_\_ hours a day (aim for less than 1 or 2 hours)
- No TV, computer, or video games in your bedroom

**5 Increase your physical activity** (aim for 60 minutes every day)

- Daily activity (walk to school, play, family activities, chores): \_\_\_\_\_
- Aerobic exercise: \_\_\_\_\_ minutes \_\_\_\_\_ times every week
  - Walking: \_\_\_\_\_
  - Sports or group exercise: \_\_\_\_\_
  - Other types: \_\_\_\_\_
- Strength training (aim for 2 to 3 times per week): \_\_\_\_\_
- Stretching (aim for every day): \_\_\_\_\_

### SUPPORT

**6 Eat meals together as a family.**

- \_\_\_\_\_ times per week (aim for every day)

**7 Be positive about food.**

- No forbidden foods—all foods can fit.
- Don't give food as a reward or withhold it as punishment.

**8 Don't criticize about weight.**

- Don't make judgmental comments about body shapes and sizes.
- Other: \_\_\_\_\_

**Other recommendations/goals:**

**Referrals:**

**Registered Dietitian (RD)**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

**Other**

Name: \_\_\_\_\_

Phone: \_\_\_\_\_

For: \_\_\_\_\_

**Follow up in \_\_\_\_\_ weeks/months:**

With: \_\_\_\_\_

Date: \_\_\_\_\_

**Signed:**

\_\_\_\_\_  
Healthcare provider

\_\_\_\_\_  
Patient/family