

Activate your Life

Do you have patients at risk of chronic conditions such as diabetes or heart disease?

Would you like to help your sedentary patients get active?

Would your patients benefit from a consultation with an Exercise Physiologist or a Fitness Coach?

Do you want to provide your patients with FREE physical activity options?

Activate your Life will help your patients overcome barriers to participation in physical activity and assist them in improving their overall health and wellbeing.



2010 Activate Your Life Schedule

Date	Session	Description	Activity
30th April	Your Goals and Motivations	Goal setting Internal/external motivation	Fitness testing
7th May	Your Body	Body Image Self Esteem	Bowls
14th May	Your Energy	Energy expenditure/energy consumption Nutrition	Gentle Exercise
21st May	Your Safety	Injury prevention Personal security	Bowls
28th May	Your Health	Chronic conditions risk factors Self management	Tai Chi
4th June	Your Stress	Stress management	Bowls
11th June	Your Future Let's Celebrate!	What's Next - opportunities available Celebration lunch	Fitness testing

For more information please contact Active Launceston on 6324 4027

Activate Your Life' is a free program funded by



The program is aimed at both men and women who are currently sedentary and at risk of, or are currently suffering from a chronic condition.

- The program will run over a 7 week period.
- Sessions will be held at the East Launceston Bowls Club on High Street, Launceston.
- Friday 30th April – Friday 11th of June 2010, 10.00 am – 12.00 noon.
- Transport is available.
- A referral from a general practitioner or an allied health professional is essential for this program.

To refer someone to this program please get their permission below and fax back to Active Launceston on 6324 4040 by Friday 16th April 2010.

Activate Your Life' is an adapted version of the 'Get Active Program'. ActiveLaunceston would like to acknowledge the 'Get Active Program' and Women's Sport and Recreation Tasmania.

Service Details

Practice or Community Service:

Contact Person:

Postal Address:

Phone:

Email:

Patient Details

Patient's Name:

Physical Address:

Phone:

Mobile:

Patient's Health Status:

Health Check attached to this document: YES / NO (please circle)

Transport Required: YES / NO (please circle)

Signed:

Date:



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