



# Vitae Mosaic Prescription

Name \_\_\_\_\_

Date \_\_\_\_\_

Practitioner \_\_\_\_\_

## Diet Nutrition Plan

## Lifestyle Plan

### Sleep

\_\_\_\_\_

### Relaxation

\_\_\_\_\_

\_\_\_\_\_

### Exercise & Movement

Frequency \_\_\_\_\_ / week

Intensity \_\_\_\_\_

Time \_\_\_\_\_ / day

Type \_\_\_\_\_

\_\_\_\_\_

## Prescribed Supplements

## Repeats Available

## Additional Comments

## Follow-up Appointment

## Practitioner contact details

Name:

Phone:

Email: