



Your Lifestyle Medicine Rx - Healthy Relationships

Loneliness, living alone and poor social connections are as bad for your health as smoking 15 cigarettes a day. Loneliness occurs when people withdraw and become cut off from family, friends and community. Any number of changes can trigger this issue. Loneliness has been linked to higher blood pressure, earlier onset of dementia, and more colds than normal.

Signs that you might be lonely

- Boredom
- Losing interest in personal hygiene
- Poor eating and nutrition
- Clutter and hoarding in the home

Connection with other can help with

- Anxiety and depression
- Healthy weight
- Living longer
- Better health
- Being happier

Connections happen when

- You can ask for help
- You seek emotional support
- You ask for advice
- You find people with similar interest

DO YOU HAVE ENOUGH SUPPORT?

Ask yourself if you have at least a few friends or family members who:

- Feel comfortable to be with
- Give you a sense you could tell them anything
- Can help you solve problems
- Make you feel valued
- Take your concerns serious



Sources: <http://ccare.stanford.edu/>

Tips to feel more connected

Strengthen Your Relationships

- Make a list of the people you want to contact regularly.
- Commit to spend time with family and/or friends
- Listen really well to others. Repeat what you heard to make sure you understood.
- Ask for help. Even best friends can't read your mind.
- Show how much you respect, support and appreciate your friends and family.
- Move out of relationships that make you feel unsafe, lower your self-esteem or draw you into unhealthy habits, like abusing drugs.

Make Friends

- Enroll in a class (painting, yoga)
- Join a book group, hiking club or other group
- Volunteer
- Other: _____



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Patient Name: _____

DOB: _____

[] Reach out to at least one friend, family, or community member _____ time per week.

[] Commit to spend time with friends, family members or group _____ times per week.

Provider Signature

Date

01/2022

Referrals (from today's visit)

Date: ____ / ____ / ____

Chart Number: _____

Registered Dietitian

Healthy Future

Counseling

Declined

Patient Email: _____

Patient Phone: _____

Follow Up:

Rx Status (based on last Rx) Date: ____ / ____ / ____

Complete (C)

Partially Complete (P)

Incomplete (I)

Referral Status (based on last referral) Date: ____ / ____ / ____

Registered Dietitian

Healthy Future

Healthy Living Department

Counseling

Declined