



# Your Lifestyle Medicine Rx - Stress

Stress is your body's reaction to harmful situations. Stress can be good or bad. Good stress is getting ready for a job interview or the birth of a new baby. Bad stress can be traffic, the death of a loved one, loss of a job, being sick, caring for a parent, or a pile of unpaid bills.

Stress can lead to weight gain, high blood pressure, heart disease, or diabetes. Your body will show warning signs if you have too much stress over time.

## Warning Signs of Stress

- Headaches, muscle tension, neck or back pain
- Upset stomach
- Dry mouth
- Chest pains, rapid heartbeat
- Sleep problems
- Fatigue
- Loss of appetite or overeating "comfort foods"
- More colds than normal
- Hard to focus
- Memory problems
- Jitters
- Short temper
- Anxiety

## Foods that help with stress



**Yogurt**  
Probiotics



**Leafy Greens**  
Magnesium



**Salmon**  
Omega-3 Fatty  
Acids & B Vitamins



**Blueberries**  
Anti-oxidants



**Nuts & Seeds**  
Magnesium

Source: [www.health.harvard.edu](http://www.health.harvard.edu)

## Tips for dealing with stress

- Read a book
- Get organized (Pack your lunch, make a to-do list)
- Take a warm bath
- Laugh (watch a funny movie)
- Spend time with your pet
- Try arts/crafts (coloring, knitting, play an instrument)
- Listen to music
- Eat a healthy diet; eat every 3-4 hours
- Drink water and less sugary drinks
- Quit smoking
- Exercise regularly
- Get plenty of sleep (7-8 hours per night)
- Have the same wake up and bedtime each day
- Avoid drugs and alcohol
- Journal
- Take 5-10 long slow deep breaths
- Try a You Tube relaxation video at [www.communityfreeclinic.org/lifestylemedicine](http://www.communityfreeclinic.org/lifestylemedicine)
- Other: \_\_\_\_\_



## Your Lifestyle Medicine Rx - Stress

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

DOB: \_\_\_\_\_

Reduce stress by practicing calming/healthy coping activities at least \_\_\_\_\_ times per week.

\_\_\_\_\_  
Provider Signature

\_\_\_\_\_  
Date

### 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