## A CARLAT PSYCHIATRY REFERENCE TABLE

	Sample Exerc	cise Prescription Form	
	[Prescik	per's Letterhead]	
Patient Information:			
	lasti	Name:	
DOB://	/		
Exercise Prescription:			
Aerobic Activity	/		
Type of Exercise:		Frequency:	/days per week
Intensity:			
(Examples: brisk walk, danc	cing, bicycling, swimmin	g, chair fitness class)	
Strength T	Fraining		
		Frequency:	/days per week
Type of Exercise:		Frequency:	/days per week
Type of Exercise: Intensity:	Duration:	/min	
Type of Exercise: Intensity:	Duration:		
Type of Exercise: Intensity: (Examples: bodyweight exe	Duration: percises like push-ups, wa	/min Ill-sits, yoga, lifting dumbbells,	heavy home or yard work)
Type of Exercise: Intensity: (Examples: bodyweight exe	Duration: percises like push-ups, wa	/min	heavy home or yard work)
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Type of Exercise: Intensity: (Examples: bodyweight exe Goals: (eg, walk around th  Special Instructions:	Duration: ercises like push-ups, wa	/min Ill-sits, yoga, lifting dumbbells,	heavy home or yard work) : work)
Type of Exercise: Intensity: (Examples: bodyweight exe Goals: (eg, walk around th  Special Instructions:	Duration: ercises like push-ups, wa	/min Ill-sits, yoga, lifting dumbbells, out stopping, take the stairs at	heavy home or yard work) : work)

From the Expert Q&A: "The Emerging Field of Lifestyle Psychiatry" with **Douglas Noordsy, MD**  *The Carlat Hospital Psychiatry Report*, Volume 4, Number 5&6, July/August/September 2024 www.thecarlatreport.com