

PATIENT ACTIVITY CARD

Name and surname:

ID number:

Week of stay:

Dates:

Activity	Monday	Tuesday	Wednesday	Thursday	Friday
Psychiatric consultation					
Psychoeducation					
Education of families or guardians					
Therapeutic community					
Psychological examination					
Individual psychological therapy					
Group therapy with psychologist					
Soft skills training & activization exercises					
Relaxation					
Individual psychotherapy					
Morning gymnastics (group)					
Respiratory and general fitness training (group)					
Balance training (group)					
Interval training (individual)					
Choreo therapy					
Art therapy					
Horticulo therapy					

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Ludo therapy					
Music therapy					
Bibliotherapy					
Social skills training					
Individual consultation with a social worker					
Computer-based cognitive training					
Massage chair					
Culinary training					
Others:					

Patient's signature: