

About My Self

A Counselling relationship is built on mutual trust established over time. I consider relationships to be active; therefore, I want you to get to know me as a professional in your life, just as I look forward to getting to know you.

Personal:

I was born in Thatipally Village, Mandal Mallial, Dist Jagtial but have lived in the Karimnagar area for over a decade. I have also worked all over the Telangana area. I enjoy learning about other cultures and, occasionally, traveling to help me relate to the diverse people I see during the course of my Practical work. I love being a psychologist and always want the luxury of learning from my clients, as they learn from me.

Credentials:

I received my Master's Psychology from The Osmania University Hyderabad Telangana State. I have a PG Diploma in Guidance & Counselling fro SV University, which means that my training emphasized hands-on Practical work more than Practical research and teaching. I also PG Diploma in Family Dispute Relations from NALSAR Law University Hyderabad with a major in Family Disputest.

I have worked in a variety of roles as a Motivational Training practitioner for nearly a decade,.

I joined Govt. Teacher Profession in October of 2002 and work full time.

Karimnagar
Helping You
Creating Positive Atmosphere

Home

Welcome and Thank You for Visiting!

Hello, my name is Atla Srinivas Reddy, and my goal is to partner with you to enhance the *helping you creating Positive Atmosphere*. Whether you are dealing with something specific or are seeking increased satisfaction and balance in life, I'm here to help. I tailor my approach so that guidance & counselling can be energizing and positive for you.

The Values of My Practice:

- Respect
- Active Listening
- Honesty
- Encouragement
- Support
- Empowerment
- Humor (respectful)

I am a proud to be giving service of The Child and Family Counseling Group, The scope of my practice at The Child and Family Counseling Group ranges from individual adults to children and families.

I use an integrative approach designed to meet you where you are ready to start. This way, sessions are uniquely tailored to your needs and goals. I encourage an active, honest partnership between us, to include feedback from you. I like to hear what works for you and what doesn't, how the pace of Counselling is for you, and what I can do to better help you. This keeps our relationship active, fresh, and forward moving.

My commitment to you is that I will adhere to the values of my practice and be reliable, available, and validating. I am here to bear witness to your thoughts and feelings; you deserve nothing less.

Services

Guidance & Counselling Services

Anyone, age 12 and up, is welcome in my practice at CPA Psychological & Family Counselling Centre, including individuals, couples, and families. Special areas of Counselling interest are anxiety disorders, couples issues, parent guidance, divorce and life transitions, and eating disorders. Although I can help with all the issues listed below. I always strive to stay educated on new techniques in order to best serve you. Feel free to call to see if I can be of help or for your free consultation. If I can't help you, I'll refer you to someone who can.

Who I see:

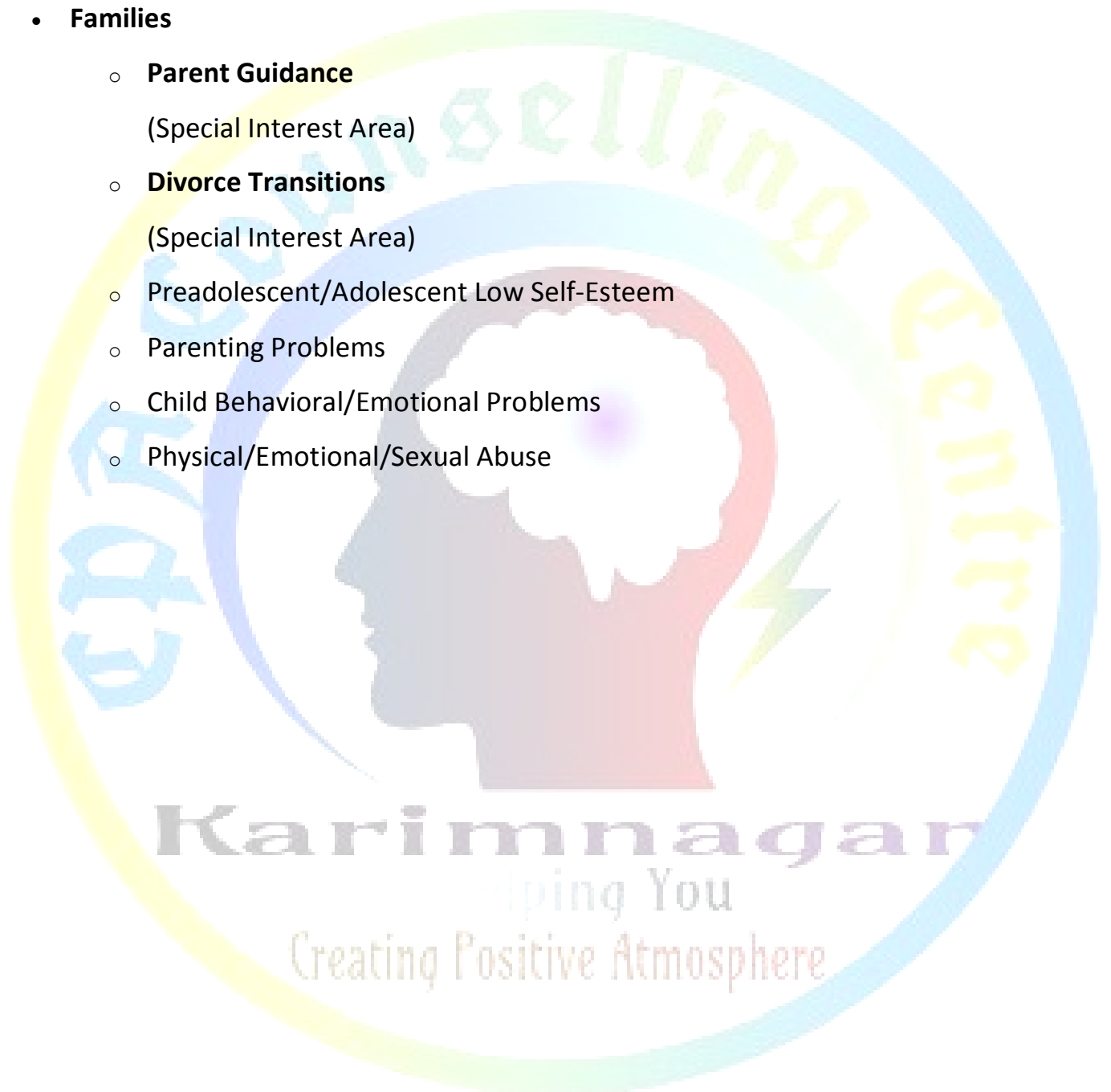
- **Individuals**
 - **Anxiety Disorders (Phobias)**
 - **Eating Issues/Body Image Problems**
 - Transitions in Life
 - Depression and Mood Problems
 - Work Problems
 - Stress Management Problems
 - Work/Life Balance Difficulties
 - Trauma/Abuse
 - Relationship Difficulties
 - Low Self-Esteem
 - Negative Thinking
 - Goal Setting
 - Study Techniques
 - Memory Techniques

- **Couples**

- **Marital Counselling**
- **Gay/Lesbian Couples Counseling**
- Premarital Counseling
- Relationship Conflicts

- **Families**

- **Parent Guidance**
(Special Interest Area)
- **Divorce Transitions**
(Special Interest Area)
- Preadolescent/Adolescent Low Self-Esteem
- Parenting Problems
- Child Behavioral/Emotional Problems
- Physical/Emotional/Sexual Abuse



Your Privacy and Confidentiality

Rest assured, protecting your privacy and confidentiality is extremely important to me and an integral part of establishing a working relationship and mutual trust. My privacy policy is designed to be individualized and especially strict, particularly to accommodate clients who consider themselves high profile, individuals with security clearances, or other issues for which anonymity is essential. Regardless of your situation, I take your privacy very seriously.

My Counselling Policy for Individuals:

For the most part, I cannot speak to anyone about your treatment (except) without written authorization from you in a release of information form which I provide. It is your choice if you would like me to have permission to speak with anyone. It is also up to you to decide the limits of information which I can discuss with an outside party. In some cases I may recommend a release to include an emergency contact and/or a physician, Psychiatry but ultimately, the decision is yours. (Also, see below, limits to confidentiality.)

My Counselling Policy for Couples and Families:

My policy for couples and families is identical to my policy for individual clients regarding disclosing information outside of sessions, but we will also need to discuss how privacy is handled within the couple or family in the first session. For instance, I usually recommend that one member of a couple/family not see me individually without the other, unless agreed upon previously; this discussion prevents confusion about privacy. (Also, see below, limits to confidentiality.)

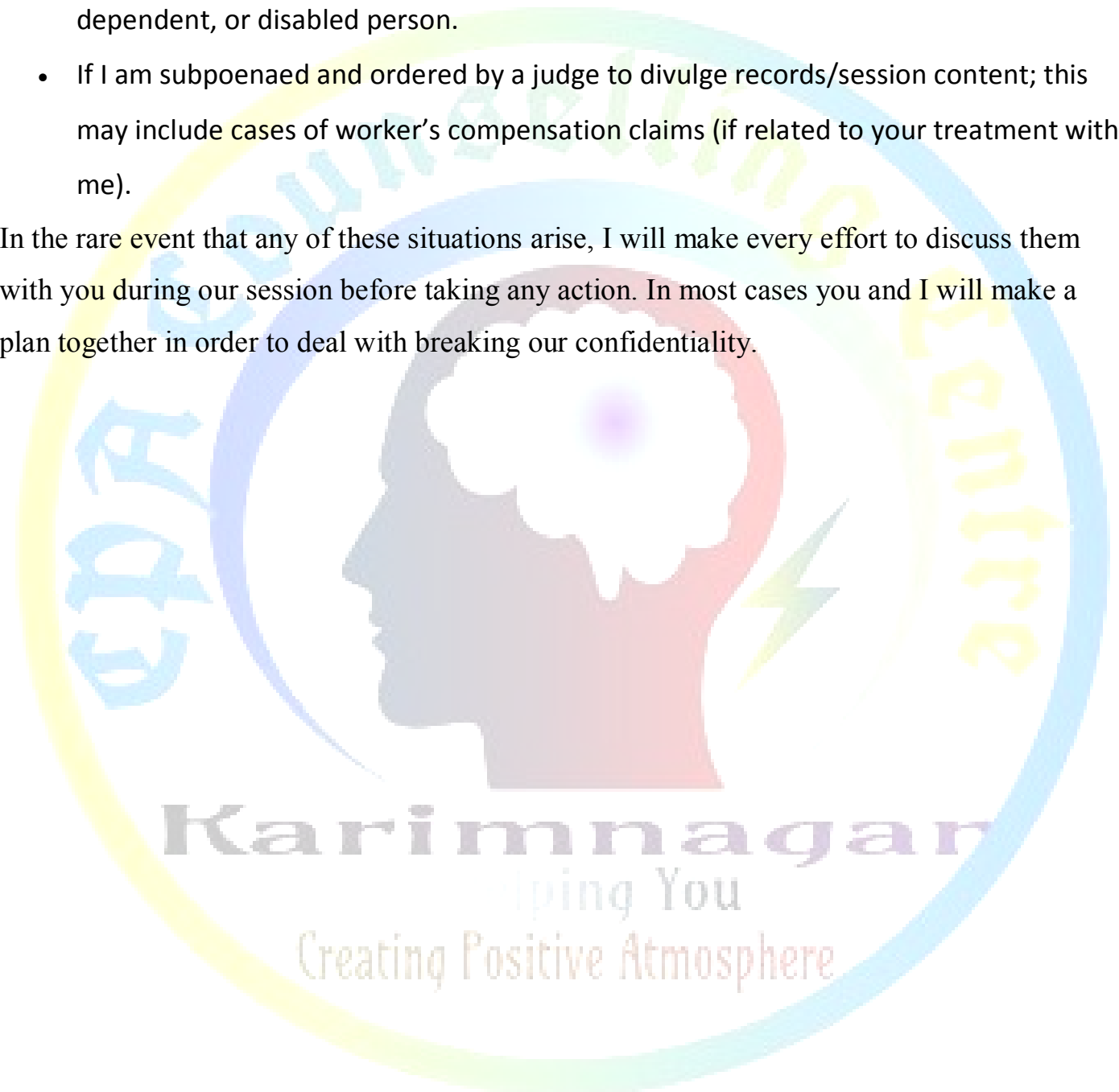
My Under 18 Counselling Policy:

If you are under the age of 18, your parents have to give legal consent for you to receive services and may have legal rights to obtain your records. However, we can meet together with your family and agree upon a privacy policy before Counselling starts. For the most part, I encourage families to agree to keep what is said in individual sessions between you (a minor) and me private, unless I am concerned for your health or safety. (Also, see below, limits to confidentiality.)

Limits to Confidentiality:

- There are a few rare instances when I am legally and ethically obligated to break our confidentiality:
- If you are a danger to yourself or others.
- If you tell me about current abuse by you or someone else against a child, elderly, dependent, or disabled person.
- If I am subpoenaed and ordered by a judge to divulge records/session content; this may include cases of worker's compensation claims (if related to your treatment with me).

In the rare event that any of these situations arise, I will make every effort to discuss them with you during our session before taking any action. In most cases you and I will make a plan together in order to deal with breaking our confidentiality.



First Session and Beyond

About Counselling:

Counselling is different for everyone, depending on your goals. You and I can tailor your sessions to work best for you. For example, you may want highly structured sessions with homework, or you may want sessions to be mainly insight-oriented with little structure. The first few sessions will be part of an assessment phase when we are building rapport and trust, setting goals, and determining what works. After that, our real work begins; Counselling isn't a quick fix but needs diligent effort for the best results. When you feel comfortable moving into the final stages of Counselling, we will mutually re-assess your progress, ensure your goals are satisfied, and begin the termination phase of treatment, which can last a few sessions.

I'm Coming in for My First Session...

What Should I Expect?

I'm glad you are coming! Don't worry, it's normal to be nervous.

Preparing for our first session:

Arriving:

I am at **Karimnagar, Telangana State, India - 505001**. When you arrive, please sign in at the front desk. If you have completed the required forms, just make yourself comfortable in the waiting room. If you have not completed the forms, please ask the receptionist I will come to meet you in the waiting room at your appointment time. My initial sessions last 60 minutes.

Have questions in mind:

You may have questions similar to other people, like: Am I your worst patient?; Can you handle my case?; When will I start seeing results? Do I need to take medication? Make a list of any such questions or concerns and we can discuss them the first time you come in.

Completing forms:

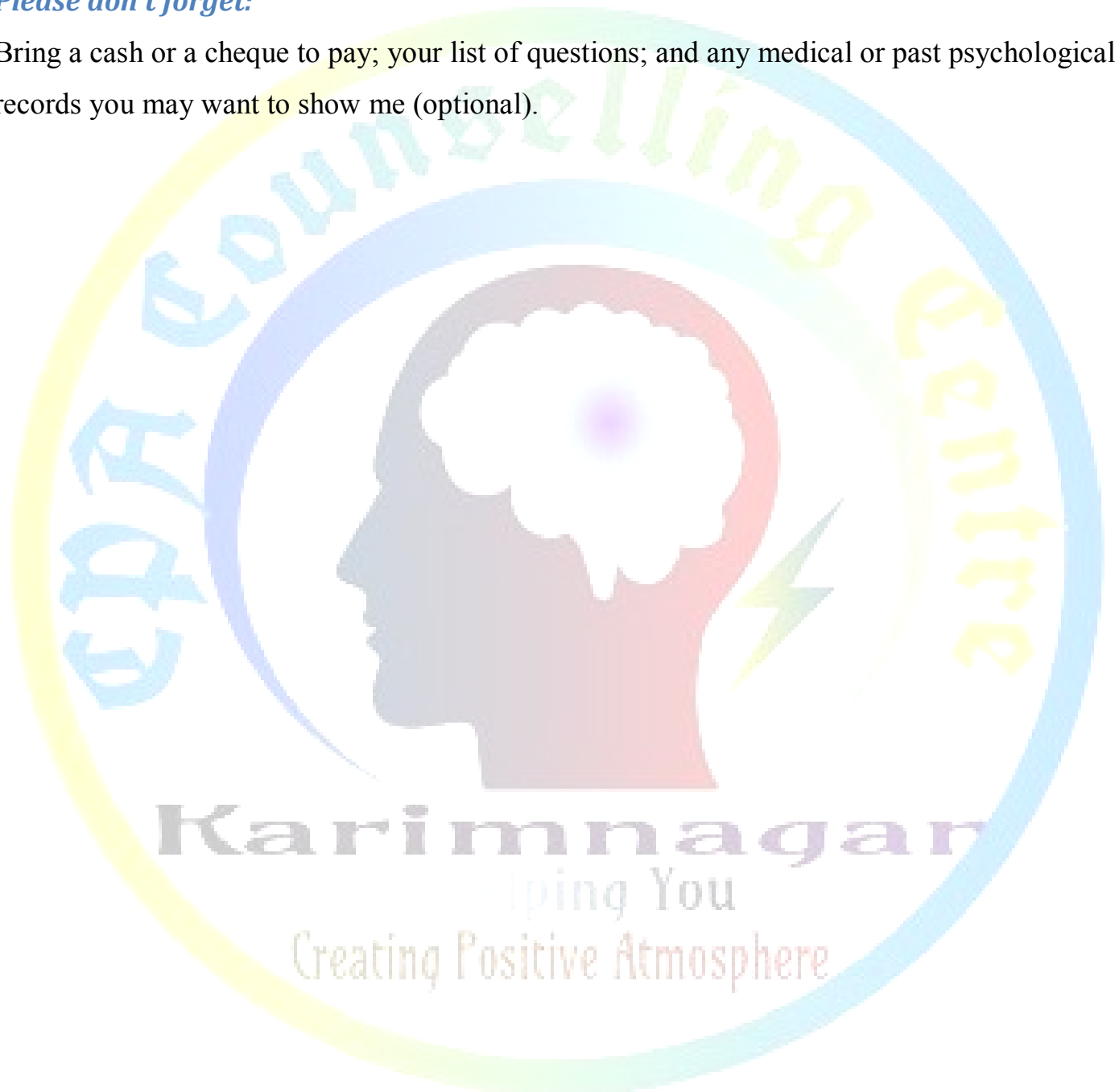
Prior to meeting with me, please take some time to fill out these required forms. These are forms similar to the type you would fill out prior to seeing a medical doctor and will take approximately 20 minutes to read and complete.

Signing forms:

These forms are required and must be signed before we begin treatment/our relationship, but don't sign anything you are not comfortable with. If you have questions prior to signing, we can go over them together. We also will review some information on them together, like my fees and cancellation policy.

Please don't forget:

Bring a cash or a cheque to pay; your list of questions; and any medical or past psychological records you may want to show me (optional).



:Stress Management:

Stress is simply the body's nonspecific response to any demand made on it. Stress is not by definition synonymous with nervous tension or anxiety. Stress provides the means to express talents and energies and pursue happiness, it can also cause exhaustion and illness, either physical or psychological; heart attacks and accidents. The important thing is to remember about stress is that certain forms are normal and essential.

As the body responds to various forms of physical or psychological stress, certain predictable changes occur, these includes increased heart rate, blood pressure and secretions of stimulatory hormones. These responses to stress will occur whether the stress is positive or negative in nature. In lay terms, it is known as the 'fight' or 'flight' mechanism continual exposure lowers the body's ability to cope with additional forms of psychological or physiological stress.

The results of continuing stress may cause disruption in one or more of the following areas of health; physical, emotional, spiritual and/or social.

Recognizing Stress

The following are indicators that you may be experiencing

- *General irritability*
- *Elevated heart rate*
- *Increased blood pressure*
- *Trembling (Aandolana, bhayam)*
- *Insomnia (Sleeplessness)*
- *Pain in neck and/or lower back*
- *Headache*
- *Indigestion (Ajeernam)*

Stress Management Strategies

The following are tips on how to maintaining a healthier life-style and to prepare you to cope with the stress of everyday living.

- 1. Structure each day to include a minimum of 20Min of aerobic exercise*
- 2. Eat well balanced meals, more whole grains nuts, fruits and vegetables*
- 3. Reduce refined Sugars, excess, sugars cause frequent fluctuation in blood glucose levels, adding stress to the body's physiological functioning.*
- 4. Go for a walk with family members.*

5. *Avoid Caffeine; The substance may aggravate anxiety, insomnia, nervousness and trembling*
6. *Spend time eachday with atleast one relaxation technique – imagery, day dreaming, breathing , prayer, yoga, meditation.*
7. *Take a warmbath or shower*
8. *Get in touch, Hug someone, hold hands or stroke a pet, physical contact is a great way to relieve stress.*

Time Value

Imagine that there is a bank that credits your account each morning with Rs.86,400/-, it carries over no balance from day to day. Each evening it deletes whatever part of the balance you failed to use during the day.

What would you do? Draw out every paisa of course?

Each of us has such a bank. Its name is time. Every morning it credits you with 86,400 Sec. Every night it writes off whatever of this you have failed to invest with good purpose, it carries over no balance. It allows no overdraft. Eachday it opens a new account for you. Each night it burns the remains of the day.

If you fail to use the day's deposits, the loss is yours. There is no goint back. There is no drawing against the 'tomorrow' you must live in the present on todays deposits.

Yesterday is history. Tomorrow is mystery. Today is a gift. That is why it is called the 'present'. The clock is running, make the most out of today.

1. *To realize the value of one year,ask a student who has failed a grade.*
2. *To realize the value of one month, ask a mother who has given birth to a premature baby*
3. *To realize the value of one week, ask the editor of a weekly magazine.*
4. *To realize the value of one hour, ask the teacher who is taking a class.*
5. *To realize the value of one min, ask the person who has missed the train.*
6. *To realize the value of one second, ask the person who has just avoided an accident.*
7. *To realize the value of one millisecond, ask a person who has won a silver medal in Olympics.*

*If you one minute plan a with in 57.6 sec,(60 sec – 57.6 sec=2.4 sec) if you get per day 25 hours i.e. $2.4*60*25=3600$ sec = 1 hour*

Plan for personal success

- *No one becomes successful by accident. Success requires making a plan & sticking to it.*
- *It is simple, but does require commitment.*
- *It is not hard to do, but does require hardwork.*
- *The good news is that once you begin, the results start coming almost instantly. The miracle of successful living is that the smallest step towards success attracts more success.*

Here is a very brief outline of the key points that will help you achieve the highest levels of success.

- *Look in to the nearest mirror:- The person staring back at you is the only person responsible for your success. Smile! No one else is the cause of your success or to blame for your shortcomings. Successful people take full responsibility for their actions.*
- *Smile back at your reflection:- Successful people are cheerful (Utsahanga undatam), Optimistic (Antha mana manchike anu bhavam), and forward thinking (laxyam dishaga aalochana cheyu). If you think you don't have anything to smile about. Smile anyway positive thoughts drive out negative thoughts. It's hard to have a negative thought while you are smiling.*
- *Positive self esteem :- is the foundation for success. Feel good about yourself and your abilities, achievements and potential. Don't dwell on your mistakes (dwell nivasinchu). Remind and praise yourself on your past accomplishments (Sadhinchina vijayalu). Congratulate yourself for taking positive steps toward a more successful future.*
- *Believe in yourself:- You are here for a purpose god doesn't make extras just to fill in the scenery. Find your mission and begin working to fulfill it.*
- *Desire to be a success:- Decide right now that you will be successful, commit to being successful.*
- *Associate with successful people do what they do, when faced with choices, make the choice a successful person would make blow your bonus check on a gambling trip (or) invest it.*

- *Avoid unsuccessful people:- Do not under any circumstances associate with negative people. Negative people are toxic (visha padartham), they destroy (Nashanam cheyu), they do not build, they are vampires (longa deesukovadam) that can live only by draining (khali cheyuta) the life from others. The odds (advantage) are greater that they will pull you down faster than you can lift them up. You can choose to stay away from all the negative people in your life. Avoid all the whiners (edchukuntu firyadu cheyuvadu) complainers (firyadu cheyuvadu), blamers (nindalu veyuvadu) and thumbsuckers (botanavrelu chapparinchu vadu).*
- *Do what you are best at & what you get the most satisfaction from. There is no reason to stay stuck doing things that are frustrating (nirutsahaparuchu), boring (visugu), unhealthy, unproductive (prathi phalam leni) demeaning (neechanga naduchukonu) or unfulfilling.*
- *Write down a vision of how you want to live your life. Be specific, where you want to live, what kind of carpet, who your friends are, future scrap book. Everyday visualize yourself as you would like to be and then act that way.*
- *Write down your biggest goal, the one you most want to fulfill. Write it in the present tense “I am”, “I have.....” “I contribute.....”. Success is the result of a personal decision. So start your goal with “I”, Read your goal aloud every morning and night. Tell people your goal. Make a plan to achieve your goal and stick to it.*
- *Study the science of success. Read books, listen to tapes, watch videos and positive TV programming. Talk to successful people and ask them how they became successful. Fill your mind with positive thoughts and give yourself positive self affirmations.*
- *Everyday do something that brings you closer to your goal. Never give up you can only fail if you quit trying. Keep on keeping on and you will succeed. Achieving success requires following a system. Begin today by putting these 12 points in to daily practice.*

Everybody experiences fear of failure, uncertainly, insecurity, low self-esteem, indecision, depression, nervousness and embarrassment.

Successful people master these temporary conditions by taking positive action, by sticking to their plan, by maintaining their vision of the future, by learning from setbacks and by rededicating themselves to the pursuit of their mission by following these simple steps you will become successful and achieve all that you desire.

You are special

Do you know you are special, you are unique. Taking into consideration the past hundred years and in the future century, no one had (or) will have fingerprints you lip prints, your ear or toe prints, you DNA is unique.

“you are infact, a special individyal with a capacity to achieve great things.”

We feek we are worthless, but no matter what has happened or what will happen you will never lose your value, you are special, “Don’t ever foget it.”

Creative thinking

“Creativity is ten percent inspiration & ninety percent perspiration”

<i>Winner</i>	<i>Loser</i>
<i>A winner says “ let us find our”</i>	<i>A loser says “Nobody Knows”</i>
<i>When a winner makes a mistake he says “I was wrong”</i>	<i>When a loser makes a mistake he says, “it was not my fault”</i>
<i>The winner says, “Let me do it for you”</i>	<i>The loser says “that is not my job”</i>
<i>A winner goes through a problem</i>	<i>A loser goes around it & never gets past it</i>
<i>A winner makes commitments</i>	<i>A loser makes promises</i>
<i>A winner say “ I am good, but not as good as I ought to be”</i>	<i>A loser says “I am not bad as a lot of other people”.</i>
<i>The winner says “It may be difficult.”</i>	<i>A loser says “ it may be possible, but it is too difficult.</i>

CPA

PSYCHOLOGICAL & FAMILY COUNSELLING CENTRE (PFCC)

Helping you Creating Positive Atmosphere

ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES

The undersigned Counsellee or guardian of the Counsellee acknowledges that he or she personally received a copy of CPA Psychological & Family Counselling Centre notice of privacy policies on the date indicated below.

Date

Signature of Counsellee/Guardian

Name Of the Counsellee

Address:

Mobile No:

Karimnagar

Helping You

Creating Positive Atmosphere

Detail of Informed Consent

Process, Benefits, and Risks of Counselling: *Participating in individual counseling result in a number of benefits including a reduction of problematic behaviors, a greater understanding of the child's strengths and weaknesses, improved awareness of emotional issues, improved self-esteem, and increased availability within the learning environment. However, such progress cannot be guaranteed. Working towards these goals requires efforts from the Counsellee and support from the family is essential.*

Confidentiality: *The standards for Psychological professionals require that records be kept regarding the counseling of your child. All information disclosed within sessions and the written records pertaining to those sessions are completely confidential and cannot be revealed to anyone without your written permission, except where disclosure is required by law. Disclosure is required by law in the following circumstances:*

When there is reasonable suspicion of child or elder abuse or neglect

Where the client presents a danger to him/herself or to others

When disclosure is court-ordered

The reason for such requirements is that psychological counselling professional have legal and ethical responsibility to take action to protect endangered individual from harm when there is indication that such a danger exists. Such actions may include notifying the parent/guardian, notifying the potential victim, contacting the police, or seeking hospitalization for the child.

When working with children the issue of confidentiality is often complicated. In order for children to relate well to the psychological counselling professional and there by address their social, emotional, and behavioral goals, children must feel a sense of privacy about the information they decide to share. However, psychological counselling professional understand and acknowledge that there may be types of information that would be important for the parent or guardian to know, even if it does not fall under the categories listed above.

In addition, children are made aware from the counseling that regular communication with the parent/guardian will occur. They are told that relevant themes and issues will be shared with the parent/guardian, when it seems in their best interest to do so.

Availability and emergency procedures: I available on voice call from mobile emergencies only, e.g. if the child is experiencing an emotional or behavioral crisis and you feel that he or she is out of your control and at risk of hurting him/herself or someone else. In the event of a life threatening emergency and I cannot be reached, the **parent should immediately proceed to the nearest counseling centre.**

If you have any question or concerns regarding your informed consent, Please feel free to discuss them with me directly.



NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBE HOW MEDICAL INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE TEVIEW IT CAREFULLY . THE PRIVACY OF YOUR MEDICAL INFORMATION IS IMPORTANT TO US.

Overview

The law requires us to keep your Protected Health Information (“PHI”) private in accordance with this Notice of Privacy practices as long as this notice remains in effect. We are also required to provide you with a paper copy of this notice, which contains our privacy practices, our legal duties, and your rights concerning your Protected Health Information (“PHI”).

From time to time, we may revise our privacy practices and the terms of our notice at any time, as permitted or required by applicable laws. Such revisions to our privacy practices and our notice may be retroactive. Our notice will be updated and made available to our counselee / patients prior to any significant revisions of our privacy practices and policies.

Our Privacy Practices

Use and disclosure, we may use or disclose your protected health information (“PHI”)for treatment/ counseling, or health care operations. For your convenience, we have provided the following examples of such potential uses or disclosures.

Counseling: *your Protected Health Information (“PHI”) may be used by or disclosed to any physicians or other health care providers involved with the medical/ legal services provided to you.*

Payment: *your Protected Health Information (“PHI”) may be used or disclosed in order to collect payment for the medical service provided to you.*

Authorizations. *We will not use or disclose your medical information for any reason except those described in this Notice, unless you provide us with a written authorization to do so. We may request such an authorization to use or disclose your protected health information (“PHI”) for any purpose, but you are not required to give us such authorization as a condition of your treatment. Any written authorization from you may be revoked by you in writing at any time, but such revocation will not affect any prior authorized uses or disclosures.*

Counselle / patient Access. We will provide you with access to your protected health information (“PHI”), as described below in the individual rights section of this notice. With your permission, or in some emergencies, we may disclose your protected health information (“PHI”) to your family members, friends, or other people to aid in your best interests for such purposes as allowing a person acting on your behalf to receive filed prescriptions, medical supplies, X rays, etc.

Locating Responsible Parties: your Protected Health Information (“PHI”) may be disclosed in order to locate, identify or notify a family member, your personal representative, or other person responsible for your care. If we determine in our reasonable professional judgment that you are capable of doing so, you will be given the opportunity to consent to or to prohibit or restrict the extent or recipients of such disclosure. If we determine that you are unable to provide such consent, we will limit the Protected Health Information (“PHI”) disclosed to the minimum necessary.

Disasters. We may use or disclose your Protected Health Information (“PHI”) to any public or private entity authorized by law or by its charter to assist in disaster relief efforts.

Required by law. We may use or disclose your medical information when we are required to do so by law. For example, your Protected Health Information (“PHI”) may be released when required by privacy laws.



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PSYCHOLOGICAL & FAMILY COUNSELLING CENTRE (PFCC)

Helping you Creating Positive Atmosphere

AUTHORIZATION FOR RELEASE OF INFORMATION

COUNSELLEE NAME: _____ **DOB:** _____

I authorize: _____

The CPA Psychological & Family Counselling Centre

HNO: 2-157/2, Seethrampur,

Karimnagar, Telangana State, INDIA – 505 001

_____ *to exchange information with*

_____ *to release to*

_____ *to receive from*

Name of Person, Organization, or Institution

Address:

The following Information:

- Medical Records*
- Education / Academic Records*
- Physicians Records*
- Psychological Evaluation*
- Behavioral Report*
- Teachers Report*
- Advocate Report*
- Other Information Specify*

Approximate Dates of Service: _____

For the Purpose of _____

Date

Signature

Date:

Witness

Release is valid for

One year

Termination of Treatment

Revoked

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PSYCHOLOGICAL & FAMILY COUNSELLING CENTRE (PFCC)

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AUTHORIZATION FOR RELEASE OF INFORMATION

The CPA Psychological & Family Counselling Centre is an outpatient mental health facility which has an interdisciplinary staff. Occasionally, staff members need to consult with each other in order to provide the best possible care for their clients. This may necessitate the sharing of client information. When this pertains to you, we require your written permission. By signing this page you will be authorizing us to exchange both verbally and in written form any information we have obtained from you and which we have available to us here at the CPA Psychological & Family Counselling Centre. We assure you that all information used and shared will be done so judiciously and in the service of providing you better treatment.

Date:

Signature

Witness

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PSYCHOLOGICAL & FAMILY COUNSELLING CENTRE (PFCC)

Helping you Creating Positive Atmosphere

The CPA Psychological & Family Counselling Centre

+91 9703935321

#2-157/2, Seethrampur

atla.counsellor@gmail.com

Karimnagar, Telangana State, INDIA – 505 001

<http://cpa2017.jimdo.com>

Name of the Counsellor :

Date of Birth :

Responsible Person :

Address :

Home Phone No :

Mobile No :

Office Address :

Referral Source :

Referred to :

Current/Prior Psychologist :

Current/Prior Therapist :

Current/Prior Counsellor :

Email Address :

Reason for Referral :

Intake Completed by :



The CPA Psychological & Family Counselling Centre
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Karimnagar, Telangana State, INDIA – 505 001

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COUNSELLEE HISTORY

This form is to be completed by the named individual. Please feel free to provide additional information on the reverse side. If you have any problems with this form, please discuss with your counselor.

Name : _____ Date of birth: _____

Date form completed: _____

Reason for seeking Counselling: _____

How long has this problem existed?

1-3 Months	6-12 Months	1-2 Years	2-5 Years	10 + Years

Prior Counselling/Therapy: Yes No

If yes	What was the Duration		Brief	Long term
	In what environment	Periodic Sessions	Day Treatment	Inpatient
	Was it	Helpful	Not helpful	Not Sure

Current Marital Status: _____

Current Primary Physician: _____

Occupation: _____

Current Employment: _____

Academic Record:

<i>Class</i>	<i>Year</i>	<i>School</i>	<i>Address</i>	<i>Day/Residential</i>	<i>% Passed</i>

Occupational Training (Please explain): _____

Recreation (List some usual activities): _____

Have you ever been married? Yes / No

If yes: How many times? _____

How long did the marriage(s) last? _____

If Yes, Please explain.

List all of those with whom you reside and designate the relationship(s) and age.

<i>Name</i>	<i>Relationship</i>	<i>Age</i>

Do you have children who do not live with you? Yes/No

If yes, please provide the name(s) and age(s):

Name	Relationship	Age

Have there been deaths in your family or among your friends? Yes/No

	Who	When
If Yes		

Have you moved recently : Yes/No

If yes: When: _____

Have you moved often: Yes/No

If Yes, Please explain.

Do You plan a move in the near future? Yes/No

If Yes, Please explain.

Work History for the past 10 years

<i>Sl. No</i>	<i>Employer</i>	<i>Job Title</i>	<i>Date of joining</i>	<i>Date of relieving</i>	<i>Reason for relieving</i>

Your Family of Origin

Please provide data on your mother, father, siblings, and any step or half-family members.

<i>Name & Relationship</i>	<i>Age</i>	<i>Health Status</i>	<i>Occupation</i>	<i>Where Resides</i>	<i>Frequency of contact</i>

Have you ever been separated from family members for a prolonged period? Yes/No

Where there any separations from your family or either parent when you were a child (e.g. mother hospitalized for 3 weeks when you were 5)? Yes/No

If Yes, Please explain.

Is there any history of mental, emotional, or Psychological problems in your family? Yes/No

If Yes, Please explain.

Health History

List any medications taken.....

On a regular basis now	Previously

Hospitalizations:

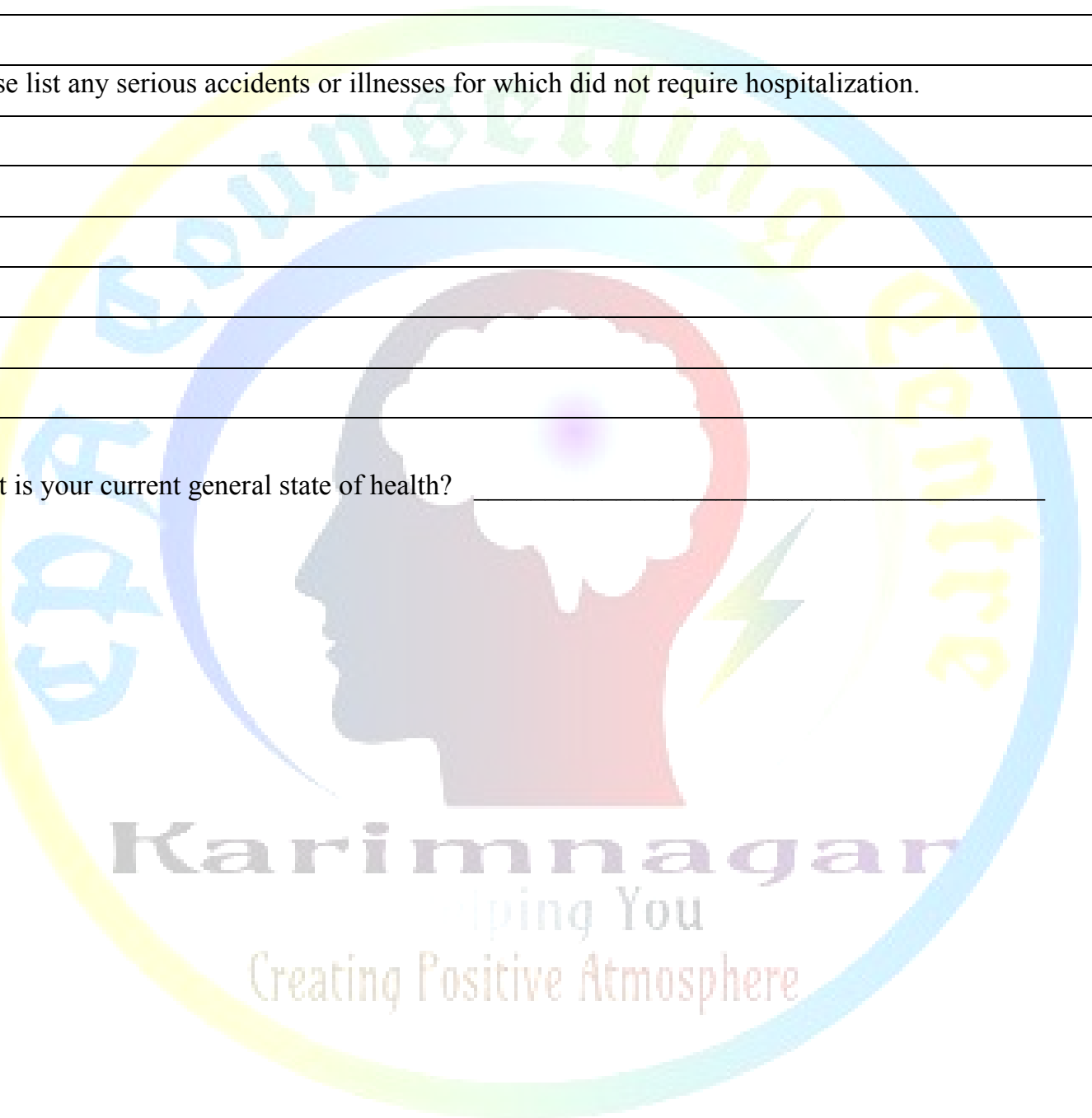
Date	Medical/Counsellor	Purpose	Outcome

Please Provide history of each pregnancy, miscarriages or abortions,

Please list any chronic health conditions(e.g., Asthma, High blood pressure).

Please list any serious accidents or illnesses for which did not require hospitalization.

What is your current general state of health?



Symptoms and Behaviors Checklist

Please answer every question, even if the response is "No". Indicate the severity of the symptom, if known, for the past year.

<i>Symptom</i>	<i>Severity</i>			
	<i>No</i>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
<i>Depression</i>				
<i>Tearfulness</i>				
<i>Feeling lonely</i>				
<i>Feeling Sad</i>				
<i>Withdrawn</i>				
<i>Spending more time alone</i>				
<i>Moody</i>				
<i>Avoiding friends</i>				
<i>Concerned about injury</i>				
<i>Eating more</i>				
<i>Eating less</i>				
<i>Weight change</i>				
<i>More exercise</i>				
<i>Less exercise</i>				
<i>Decreased interest in sex</i>				
<i>Decreased interest in usual activities</i>				
<i>Tired</i>				
<i>Sleeping more</i>				
<i>Sleeping less</i>				
<i>Walking during the night</i>				
<i>Walking early in the morning</i>				
<i>Sleepwalking</i>				
<i>Nightmares/ bad dreams</i>				
<i>Headaches</i>				
<i>Careless about dress / hygiene</i>				
<i>Having trouble concentrating</i>				
<i>Confused</i>				
<i>Distractable</i>				

<i>Symptom</i>	<i>Severity</i>			
	<i>No</i>	<i>Mild</i>	<i>Moderate</i>	<i>Severe</i>
<i>Impulsive</i>				
<i>Disorganized</i>				
<i>Hearing things others don't hear</i>				
<i>Seeing things others don't see</i>				
<i>Trouble following directions</i>				
<i>Perfectionistic</i>				
<i>Anxious</i>				
<i>Worrying</i>				
<i>Feeling panicky</i>				
<i>Obsessive / ritualistic behaviors</i>				
<i>Critical of others</i>				
<i>Have a few friends</i>				
<i>Disappointed in appearance</i>				
<i>Disappointed in achievements</i>				
<i>Disappointed in social life</i>				
<i>Legal problems</i>				
<i>Problems at work</i>				
<i>Problems in daily life</i>				
<i>Arguing</i>				
<i>Defiant</i>				
<i>Destroying/ damaging property</i>				
<i>Irritable</i>				
<i>Angry</i>				
<i>Easily frustrated</i>				
<i>Giving away belongings</i>				
<i>Threats to oneself</i>				
<i>Wishes to be dead</i>				
<i>Suicidal thoughts</i>				
<i>Suicidal intent</i>				
<i>Homicidal thoughts</i>				
<i>Low self-esteem</i>				