

Issues to Work on in Therapy:

NAME:

DATE:

- | | |
|--------------------------|---------------------------------------|
| <input type="checkbox"/> | ADD / ADHD |
| <input type="checkbox"/> | ANGER ISSUES |
| <input type="checkbox"/> | ANTI-SOCIAL PERSONALITY DISORDER |
| <input type="checkbox"/> | ANXIETY |
| <input type="checkbox"/> | AUTISM / SPECTRUM DISORDER |
| <input type="checkbox"/> | AVOIDANCE ISSUES |
| <input type="checkbox"/> | BI-POLAR |
| <input type="checkbox"/> | BODY DYSMORPHIA |
| <input type="checkbox"/> | BORDERLINE (BPD) |
| <input type="checkbox"/> | CHRONIC PAIN |
| <input type="checkbox"/> | COMMUNICATION ISSUES |
| <input type="checkbox"/> | C-PTSD - "CHILDHOOD TRAUMA" |
| <input type="checkbox"/> | CYCLOTHYMIA |
| <input type="checkbox"/> | DEPRESSION |
| <input type="checkbox"/> | DISSOCIATION |
| <input type="checkbox"/> | DIVORCE / BREAK UP |
| <input type="checkbox"/> | EATING DISORDERS > |
| <input type="checkbox"/> | EMOTIONAL REGULATION ISSUES |
| <input type="checkbox"/> | EXECUTIVE FUNCTIONING ISSUES |
| <input type="checkbox"/> | FEAR OF ABANDONMENT |
| <input type="checkbox"/> | GOALS / PLANNING |
| <input type="checkbox"/> | GRIEF / LOSS |
| <input type="checkbox"/> | HALLUCINATIONS |
| <input type="checkbox"/> | HISTRIONIC |
| <input type="checkbox"/> | IDENTITY DISORDERS |
| <input type="checkbox"/> | INFIDELITY / ADULTERY |
| <input type="checkbox"/> | INJURY |
| <input type="checkbox"/> | INSOMNIA |
| <input type="checkbox"/> | LACK OF SELF LOVE |
| <input type="checkbox"/> | LIFE TRANSITIONS |
| <input type="checkbox"/> | LONELINESS |
| <input type="checkbox"/> | LOST / CONFUSED |
| <input type="checkbox"/> | NARCISSISM |
| <input type="checkbox"/> | NEURO-DIVERGENT |
| <input type="checkbox"/> | NIGHTMARES |
| <input type="checkbox"/> | OCD / OCPD |
| <input type="checkbox"/> | PANIC ATTACKS |
| <input type="checkbox"/> | PARANOIA |
| <input type="checkbox"/> | PARENTING & CHILD ISSUES |
| <input type="checkbox"/> | PEOPLE PLEASING |
| <input type="checkbox"/> | PHOBIA > |
| <input type="checkbox"/> | PTSD - POST TRAUMATIC STRESS DISORDER |
| <input type="checkbox"/> | RELATIONSHIP ISSUES - PARTNER |

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|--------------------------|--------------------------------------|
| <input type="checkbox"/> | SCHIZOPHRENIA / SCHIZOID / PSYCHOSIS |
| <input type="checkbox"/> | SELF HARM / CUTTING |
| <input type="checkbox"/> | SELF-ESTEEM ISSUES |
| <input type="checkbox"/> | SEX ISSUES |
| <input type="checkbox"/> | SOCIAL ANXIETY |
| <input type="checkbox"/> | STRESS |
| <input type="checkbox"/> | SUBSTANCE ABUSE |
| <input type="checkbox"/> | SUICIDE PREVENTION |
| <input type="checkbox"/> | TRAUMA BOND / TOXIC RELATIONSHIPS |
| <input type="checkbox"/> | VICTIMHOOD IDENTIFICATION |

OTHER: