

DR. JAAN REITAV
118 EGLINTON AVE. WEST, SUITE 405
TORONTO, ONTARIO
M4R 2G4 CANADA

Tel: 416 921-9787
Email: DrReitav@DrJReitav.com
Fax: 416 425-0301

Name: _____

Date: _____

HELP US TO UNDERSTAND THE PROBLEMS YOU ARE SEEKING HELP FOR

You have requested a Psychological Consultation for help with certain difficulties.

Place a checkmark beside every difficulty you are currently having problem(s) with.

Bring this form with you to your initial assessment appointment with Dr Reitav.

A I am having significant PHYSICAL HEALTH CHALLENGES. Indicate specifics below:

- 1 ... I have acute heart symptoms (like angina, shortness of breath, arrhythmia, etc).
- 2 ... I am having body (physical) pain problems that interfere with my daily activities.
- 3 ... I have sleep problems, feel too tired / fatigued, or need to take naps most days.
- 4 ... I am having difficulties with getting appropriate, or good, medical care.
- 5 ... I have many frustrating medical problems: _____
- 6 ... Other: _____

B I am having significant EMOTIONAL DIFFICULTIES.

During the past month I have been bothered a lot by ...

- 1 ... little interest in doing things.
- 2 ... feeling down, depressed or hopeless.
- 3 ... "nerves", or feeling anxious, or "on edge".
- 4 ... worrying about a lot of different things.
- 5 ... feeling angry, irritable, frustrated, or short tempered with those around me.
- 6 ... During the past month I have had panic or anxiety attacks (sudden fear or panic)
- 7 ... Other: _____

C I am having significant PROBLEMS WITH RELATIONSHIPS.

- 1 ... I usually feel isolated and alone (not having enough emotional support).
- 2 ... I am having conflicts with my partner, or family (tensions and misunderstandings)
- 3 ... I am having concerns or difficulties with sexual activity in my intimate relationship
- 4 ... I am having problems at work with co-workers or bosses.
- 5 ... I am having problems with my children.
- 6 ... Other: _____

D I need help in making changes in my LIFESTYLE to become HEALTHIER.

- 1 ... I am having difficulties doing my exercise prescriptions regularly.
- 2 ... I want to change my diet, or lose weight.
- 3 ... I have used tobacco products in the past six months and want to decrease or stop.
- 4 ... I am ready to consider quitting smoking in the next six months.
- 5 ... I want to reduce my use of alcohol, or other substances, to improve my health risks
- 6 Other: _____

E I am having significant PROBLEMS with my INDEPENDENCE.

- 1 ... I am having problems with my concentration, memory and / or thinking.
- 2 ... I am having financial difficulties that worry me.
- 3 ... I am having difficulties with my housing that worries me.
- 4 ... I think I will not be able to return to my old job, and will have to find an alternative.
- 5 ... I have become a packrat and need to de-clutter my living spaces.
- 6 ... Other: _____

After you've completed the checklist, circle THE MOST IMPORTANT problem for you NOW

Primary Goal:

Behavioral Tasks:

Notes:
