Reeva Ramcharan Psy.D.
LICENSED PSYCHOLOGIST
PY9149

Name: _____ (Mr.) (Ms.) (Mrs.) (Mx.) (Dr.)

Full Legal Name (if different from above): _____

Preferred Pronouns: _____ (i.e., she/her, they/them, he/his)

Address: _____, City_____, FL_____

Phone Number: Home_____ Cell _____ Leave Message (Y) (N)

Email address: _____

Are there any restrictions on how we may contact you: (Y) (N) If yes, please clarify: _____

Date of Birth: _____/_____/_____ Social Security Number: _____

Sex/Gender or Other Gender Identity Considerations: _____

Marital Status: (M) (D) (W) (S) (O)   Spouse / Partner(s)' Name(s): _____

Check all that apply: ( ) Employed ( ) Retired ( ) Full Time Student ( ) Part Time Student ( ) Other_____

Employer / School: _____ Occupation / Grade / Major:_____

If employed, how long have you worked there? _____

Please indicate the highest level of education you have completed to date: _____

Primary Care Physician: _____ Phone _____

Current or recent health concerns: _____

_____

Current medications: _____

_____

Do we have your permission to contact your PCP regarding your treatment? (Y) (N)

Are you seeing other physicians for treatment (Y) (N). If yes, please print names and phone numbers

_____

Whom can we thank for referring you? _____

What is the primary reason for your visit today? _____

When was the last time your recall feeling emotionally well? _____

Have you ever **considered** or **attempted** suicide/homicide? _____YES _____NO
      If yes: When: _____ How many times: _____

What do you hope to achieve from our work together?

_____

_____

In case of a medical emergency, who should we call? _____

Phone Number _____

If client is a minor; please affirm that you have the authority to make informed consent decisions on behalf of the child:

Signature _____ Date: _____

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GOALS CHECKLIST

Name _____ **Date** _____

I offer a variety of treatment approaches. In order to offer you the treatment opportunities most in line with your reasons for coming to therapy, I would appreciate you completing the following list of possible treatment goals. Please <u>circle</u> the number of those goals that apply to you.

In coming in to therapy at this time, I would like to concentrate on the following:

1	Reducing my fear of: _____	27	Improving my sleep
2	Having more pleasurable activities	28	Reducing my sensitivity to possible criticism
3	Improving communication with (circle choice) My spouse, children's, friends, coworkers, others: _____	29	Learning problem-solving/decision-making Techniques
4	Expressing myself more assertively	30	Talking out a pending decision
5	Learning to Relax	31	Reducing family difficulties
6	Better managing my health- specify:	32	Reducing Job difficulties
7	Better tolerating my mistakes	33	Better managing my temper
8	Better tolerating other's mistakes	34	Taking initiative more often
9	Feeling less guilt	35	Receiving medication help
10	Feeling less depressed	36	Decreasing my procrastination
11	Greif/Loss/Death	37	Better managing time
12	Increasing my conversation skills	38	Decreasing trying to be perfect
13	Learning how I come across to others	39	Not reacting so emotionally
14	Not taking disappointments so hard	40	Allowing myself to express feelings more
15	Doubting myself less	41	Feeling more self-confident
16	Thinking more positively	42	Discussing my thoughts/urges of harming myself
17	Improving my sexual relationship	43	Discussing my thoughts/urges of harming others
18	Controlling my eating or weight	44	Adjusting better to a past incident specify _____
19	Controlling my alcohol use	45	Adjusting better to a recent change/ incident specify _____
20	Changing my habit of	46	Becoming more optimistic
21	Controlling my use of drugs	47	Improving self-awareness
22	Better managing my pain	48	Adopting a healthier attitude about_____
23	Learning how to improve friendships	49	Worrying less about
24	Reducing uncomfortable thoughts of _____	50	**Minority stress** related to (circle choice) Race, sexual orientation/gender identity, cultural, women's specific concerns, disability, other:
25	Learning more effective parenting skills	51	Other (specify)
26	Understanding my parents/childhood experiences	52	Other (specify)

Now, please review your list and decide which three (3) goals you most wish to discuss/change at this time. My three most important goals are (Write in the goal number below):
First   _____
Second   _____
Third   _____