

**PRESENT SITUATION (cont.)**

Please list any physical sensations that you or others consider problematic: \_\_\_\_\_

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Please list any thoughts, images, dreams or fantasies that you consider problematic:

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Please list any other comments you wish to make (use the reverse side of this page if needed): \_\_\_\_\_

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***The information given is accurate and true to the best of my knowledge.***

***Signature:*** \_\_\_\_\_

***Date:*** \_\_\_\_\_