

You Be The Shrink

Patient Data

Name _____ Resident of _____
Last First City State

Age _____ Year of birth _____ Present school _____

Height _____ Weight _____ Hair color _____ Level of education _____

Physical Symptoms	Mental/Emotional Symptoms

Recent Trauma

Diagnosis (central conflict)
Holden versus _____

Treatment Plan

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.

Release Patient When

After-Care Requirements

- 1.
- 2.
- 3.
- 4.