

THOMAS GRAF PHD
PSYCHOLOGICAL WELLNESS CENTER

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Date: ___/___/___

Dear _____

Welcome to My Practice!

In preparation of your first visit I would like you to tell me about your reasons for seeking my help. This will help me understand and prepare better for your first visit with _____.

Please mark what kind of concerns you have about your child:

- I am concerned my child has a learning disability.
- My child is too aggressive.
- I am concerned that my child too anxious and nervous much of the time.
- My child is easily confused.
- I am concerned that my child is too sad and possibly depressed.
- I am concerned that my child has mood swings.
- I am concerned that my child cannot communicate.
- My child may have ADHD.
- My child may be delayed.
- I am concerned because my child does unusual, repetitive movements.
- My child may have autism.
- I am concerned because my child argues about everything.
- My child does not sleep well.
- I am concerned because my child does not pay attention and is forgetful.
- My child has medical problems that affect her or his psychological functioning.
- I am concerned about my child's sexual behaviors.
- My child does not get along with peers.
- I am concerned because my child had suicidal thoughts.
- My child is not very coordinated.
- My child has difficulties with eating and weight.
- Bad things have happened to my child.
- I need help with parenting my child.
- My child still has difficulties with toilet training.
- My child is failing in school.
- I am concerned that my child uses alcohol or drugs.
- I am looking for a psychological evaluation because I want to know how to help my child.
- I am mostly interested in psychological treatment because my child has already been evaluated.

Please indicate any specific questions you would like to address:

Thank you for completing this form, Thomas Graf, PhD