



Referring Physician

Date: _____

Physician name: _____

Physician fax: _____

Physician phone: _____

Physician signature: _____

Client information

Label here

SEXUAL HEALTH

- Sexual Pain
- Sexual Dysfunction
- Sexual Addictions
- Sexual Trauma
- Issues Related to Pornography
- Issues with Sexual Desire and Libido
- Enhancing Sexual Satisfaction
- Sexual Orientation Concerns
- Sexual Health Education
- Gender Related Concerns
- Sexual Decision Making
- Building Healthy Relationships

MATERNAL HEALTH

- Post Partum Depression
- Maternal Anxiety
- Past or Current Trauma
- Role Conflicts
- Isolation
- Identity Issues
- Career Issues
- Health Concerns
- Family Decision Making
- Relationship Concerns

GENERAL CONCERNS

- Depression
- Anxiety
- Stress and Burnout
- Chronic Pain
- Disordered Eating
- Body Image
- Grief and Loss
- Coping with a Diagnosis
- Self Esteem and Self Compassion
- Other: _____

GROUP THERAPY

- Sexual Pain
- Boundaries and Burnout
- Self Acceptance

info@transcendpsychological.com
www.transcendpsychological.com