MOKSHA LIVING
A MENTAL WELLNESS STUDIO

Moksha Living L.L.C.

Moksha Therapy Services

Please put a check next to items that are areas of concern for you:

- ☐ Stress
- ☐ Fatigue
- ☐ Eating/diet concerns
- ☐ Boredom
- ☐ Laziness
- ☐ Sleeping too much
- ☐ Sleeping too little
- ☐ Weight gain
- ☐ Weight loss
- ☐ Panic
- ☐ Difficulty sitting still
- ☐ Procrastination
- ☐ Smoking
- ☐ Drinking
- ☐ Substance use/abuse
- ☐ Relationship concerns
- ☐ Family of origin concerns
- ☐ Separation from loved ones/family
- ☐ Isolation
- ☐ Nausea
- ☐ Binging
- ☐ Vomiting
- ☐ Physical Pain
- ☐ Concerns about health
- ☐ Concerns about germs/ cleanliness
- ☐ Financial planning
- ☐ Career transitions
- ☐ Indecisiveness
- ☐ Depression
- ☐ Obsessions
- ☐ Guilt
- ☐ Worrying
- ☐ Co-dependence
- ☐ Loneliness
- ☐ Fear
- ☐ Past traumatic event
- ☐ Sexual health
- ☐ Intimacy challenges
- ☐ Gender Identity
- ☐ Workplace
- ☐ Employment
- ☐ Life Transition
- ☐ Difficulty concentrating
- ☐ Migraines
- ☐ Stomach/digestion issues
- ☐ Lack of fulfillment
- ☐ Assertiveness
- ☐ Self-esteem
- ☐ Caregiving
- ☐ Parenting concerns
- ☐ Difficulty moving on/letting go
- ☐ Social anxiety
- ☐ Suicidal thoughts/tendencies
- ☐ Intrusive thoughts
- ☐ Nightmares
- ☐ Avoidance
- ☐ Irritability
- ☐ Gambling
- ☐ Homicidal thoughts/behaviors
- ☐ Phobias
- ☐ Anger management
- ☐ Coping
- ☐ Life changing event(s)
- ☐ Sadness
- ☐ Excessive planning
- ☐ Disorganization
- ☐ Ritualistic behaviors
- ☐ Mood swings
- ☐ Withdrawal
- ☐ Difficulty breathing
- ☐ Body image concerns
- ☐ Chest pains
- ☐ Phobias

Prioritize three items that you are most important for you to address in therapy:
1.___________________ 2.____________________ 3.__________________