

THE THERAPYWORKS

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www.therapyworks-online.com

Thank You for your interest in being seen at Therapyworks.

As a start to our work together, please print out the following forms and consent documents.

This includes the following:

Patient orientation handout/therapy contract/assignment of benefits sheet

Patient information sheet

History and Factors Questionnaire

Dimensions of Temperament

Family History

Please bring the completed materials with you to our first meeting and/or drop the packet at the office prior to our first meeting (ask the secretary to put it in my mailbox).

Sincerely,



Clinical Psychologist
Therapyworks

Patient Orientation

Welcome to Therapyworks. This document contains important information about our professional services and business policies. Please read it carefully and jot down any questions that you might have so that we can discuss them at our next meeting.

Your signature on the therapy contract agreement will constitute a therapy agreement between us.

PSYCHOLOGICAL SERVICES

Psychotherapy is not easily defined. It varies depending on the personalities of the therapist and the patient, and the particular problems to be addressed. There are a number of different approaches that can be used to address the problems you hope to address. It is not like visiting a medical doctor, in that psychotherapy requires a very active effort on your part. In order to be most successful, you will have to work both during our sessions and at home between sessions.

Psychotherapy has both benefits and risks. It often leads to a significant reduction of feelings of distress, better relationships and resolutions of specific problems. But there are no guarantees about what will happen. Risks include experiencing uncomfortable levels of feelings like sadness, guilt, anxiety, anger, frustration, loneliness and helplessness. Psychotherapy sometimes requires recalling unpleasant aspects of your history. Sometimes people experience unanticipated changes in their relationships. Most people feel that the benefits of psychotherapy outweigh the risks.

At the beginning of our meetings there is an evaluation period which will last from 2 to 4 sessions. During this time, we can both decide whether I am the best person to provide the services that you need in order to meet your treatment objectives. By the end of the evaluation, I will be able to offer you some initial impressions of what our work will include and an initial treatment plan, if you decide to continue. You should evaluate this information along with your own assessment about whether you feel comfortable working with me. Therapy involves a large commitment of time, money, and energy so you should be very careful about the therapist you select. If you have questions about my procedures or policies, we should discuss them whenever they arise. If your doubts persist, I will be happy to help you seek another mental health professional.

APPOINTMENTS

Sessions will generally be scheduled for 45-minutes; this is the standard “psychotherapy hour”. Because the appointment time is reserved for you, another patient cannot readily fill it. Once this appointment time is scheduled, you will be expected to provide 24 hours advance notice of cancellation. If you do not provide 24 hours notice, you will be expected to pay a **missed appointment fee** of \$50.00 unless we both agree that you were unable to attend due to circumstances that were beyond your control. Research has repeatedly demonstrated that progress in therapy is closely related to the commitment to the therapy process and the regularity of appointments. Please do not cancel your appointments unless absolutely necessary

PROFESSIONAL FEES

Our standard fee is \$175.00 for an initial session and \$125.00 for further sessions unless we have another agreement with you or your insurance company. In addition to scheduled appointments, it is our practice to charge this fee on a prorated basis for other types of professional services you may require. Examples of services we generally bill for would include report writing, attendance at meetings or consultations with other professionals, preparation of records or treatment summaries, or the time required to perform any other extended service which you may request of us.

You will be expected to pay for each session at the time it is held, unless we agree otherwise or you have insurance coverage that requires another arrangement. In cases where insurance is billed by our office, payment of deductibles and co-payments are expected at the time of service.

If your account is more than 60 days past due, and suitable arrangements for payment have not been agreed to, we have the option to discuss other treatment options that are less costly.

HOW TO CONTACT US

We are often not immediately available by telephone. Our office hours vary and we usually do not answer the phone when we are with a client. When we are unavailable, our telephone is answered by voice mail that we monitor frequently. We will make every effort to return your call within 24 hours with the exception of weekends and holidays. If you are difficult to reach, please leave some times that you will be available. If we are unavailable for an extended time, we will provide you with the name of a trusted colleague whom you may contact if necessary.

EMERGENCIES

In case of an emergency, I can be reached by calling (224) 513-1225. Either I will answer or leave a voice message with a number where you can be reached.

CONFIDENTIALITY

In general, mental health law, including **HIPPA**, protects the confidentiality of all communications between a client and a psychologist, and we can only release information about our work to others with your written consent. **Confidentiality applies to children and teens** as well as adults. In most judicial proceedings, you have the right to prevent us from providing any information about your treatment. However, in some circumstances, a judge may require our testimony if he/she determines that resolution of the issues before him/her demands it.

Part of our psychotherapy agreement is a policy to reveal nothing about any person except under conditions of consent by the person or the person's legal representative. There are, however, some exceptions to this policy. Exceptions to confidentiality include the following:

- 1) Circumstances in which maintaining strict confidentiality would result in danger to the person or others
- 2) Circumstances that involve the direct disclosure of or suspected presence of child abuse and/or neglect
- 3) Circumstances involving insurance or managed care, in which clinical information is shared in order to authorize treatment
- 4) Circumstances involving military personnel in which federal/military law dictate applicable standards of confidentiality

In any situation where disclosure is involved, efforts will be made to inform such persons and secure their cooperation.

We may occasionally find it helpful to consult about a case with other professionals or each other. In these consultations, we make every effort to avoid revealing the identity of our client. The consultant is, of course, also legally bound to keep the information confidential. Unless you object, we will not tell you about these consultations unless we feel that it is important to our work together.

A word about PAYMENT AND INSURANCE

It is our policy to openly discuss fees and insurance benefits with you. The escalation of health care costs and the use of “managed health care” have made it difficult to determine, in some cases, how much mental health care coverage is available. It has been our experience that people are often surprised and disappointed by what their actual benefits are compared to what they thought they were. Therefore, it is our policy to help you confirm your mental health coverage and benefits.

If you have health insurance, it will usually provide some coverage for mental health treatment. Insurance carriers vary widely in their benefits for psychotherapy. We encourage you to be familiar with your policy coverage for mental health services, which often differs from general medical coverage. In part, setting realistic goals in psychotherapy involves an understanding of what your resources (insurance and/or otherwise) allow.

“Managed care plans” such as HMOs and PPOs often require authorization before they will provide reimbursement for mental health services. These plans are usually oriented towards a short-term treatment approach designed to resolve specific problems that interfere with one’s usual level of functioning. While much can be accomplished in short-term therapy, many clients feel that more sessions are necessary after insurance benefits end.

We will help you get reimbursement in any way that we can. However, we cannot guarantee that your insurance company will cover our services and you (not your insurance company) are responsible for payment of the fee that we have agreed to. Once we have all of the information about your insurance coverage, we will discuss what we can expect to accomplish with the benefits that are available and what will happen if the benefits run out before you feel ready to end our sessions. **Some people prefer the option of paying for our services themselves and avoiding the problems described above.**

You should also be aware that most insurance agreements require you to authorize us to provide a clinical diagnosis, and additional clinical information such as a treatment plan or summary. Managed care companies are generally authorized to receive a copy of your entire record if they so request. Information sent for case management will become part of the insurance company’s files, and in all probability, some of it will be computerized. All insurance companies claim to keep such information confidential, but once it is in their hands, we have no control over what they do with it. In some cases, they may share the information with a medical information data bank.

YOUR SIGNATURE on the Therapy Contract Agreement indicates that you have read the information in this document and agree to abide by its terms during our professional relationship. If you have any questions, please bring them up at any time.

Therapy Contract Agreement

I have read the Therapyworks Patient Orientation handout and understand the general purpose and process of psychotherapy. I further understand the conditions and limits of confidentiality. I recognize that psychotherapy is a process that is frequently associated with experiencing strong negative feelings, as well as positive feelings, and sometimes changing relations with others due to personal changes made during therapy.

Assignment and Instruction for Payment to Doctor

Authorization to release information to Insurance Company, Managed Care and Referral Source (when applicable)

I, hereby authorize Therapyworks to release information as deemed necessary for my treatment to the person/institution who referred me, when applicable, my primary care physician and my insurance company;

I also instruct and direct my insurance company to make payment of all claims that would otherwise be forwarded to me directly to:

Therapyworks
128 Newberry Ave
Libertyville, IL. 60048
TIN # 36-3937596

Signature of Policyholder

Date: _____

Signature of Claimant, if other than Policyholder

Date: _____

Signature of Minor (12 or older)

Date: _____

Patient Information – Child/Teen

Date: _____

Child's Name: _____ Birthdate: _____ Age: _____

School: _____ Grade: _____

Mother's Name : _____

Address: _____

Employment: _____ SS#: _____

Home Phone: _____ Work Phone: _____

Email (Print v-e-r-y clearly) _____

Father's Name: _____

Address: _____

Employment: _____ SS #: _____

Home Phone: _____ Work Phone: _____

What doctor regularly cares for your child? _____

Who referred you to see me? _____

Are parents in agreement with this referral? _____

Who is the insured parent? _____

For Office use only

Insurance Coverage: _____

Deductible:		Co-Pay:		Year Max:		Life Max:		
Precert:	Yes	No						
Ind TX	Yes	No	FAM TX	Yes	No	Psych Test	Yes	No

Diagnosis: _____

Developmental History and Factors Questionnaire:

Please circle or X the response that best describes your child's situation:

Child's Name _____

Prenatal /Perinatal History:

1. How was your health during pregnancy? Good Fair Poor

2. How old was mother when the child was born? _____

3. Were any of the following substances or medications used during pregnancy?

Beer, wine or liquor Yes No If yes, how often?:

Coffee/Cola Yes No If yes, how often?:

Cigarettes Yes No If yes, how often?:

4. Were any of the following substances ingested during pregnancy? (Circle)

Valium (Librium, Xanax) Insulin Tranquilizers Antibiotics

Anti-seizure medications (e.g., Dilantin) Sleeping pills

5. Was the pregnancy full term? Yes No If no, how long was the pregnancy?:

6. How long was labor? Under 6 hours 7-12 hours 13-18 hours 19-24 hours Over 24 hours

7. Were you given any drugs/medication to ease the pain during labor? Yes No

If yes, name of drug/medication:

8. Were there indications of fetal distress during labor or during birth? Yes No

9. Was delivery: Normal C – Section Induced Breech Forceps

Were there any complications? Yes No If yes, what were they?

10. What was the child's birth weight? _____

Post-natal and Infancy

- 11. Were there early infancy feeding problems? Yes No
- 12. Was the child colicky? Yes No
- 13. Were there early infancy sleep pattern difficulties? Yes No
- 14. Were there problems with the infant's responsiveness (alertness)? Yes No
- 15. Did the child experience any health problems during, infancy? Yes No

16. Was the child an easy baby? Did (s)he cry a lot? Did (s)he follow a schedule fairly well?

Very easy-----Easy-----Average-----Difficult-----Very Difficult

17. How did the baby behave with other people?

More sociable than average-----Average sociability-----More unsociable than average

18. When (s)he wanted something, how insistent was (s)he?

Very insistent-----Pretty insistent-----Average-----Not very insistent-----Not at all insistent

19. How would you rate the activity level of the child as an infant/ toddler?

Very active-----Active-----Average-----Less active-----Not active

Developmental Milestones:

- 20. At what age did (s)he sit up? 3-6 months 7-12 months Over 12 months
- 21. At what age did (s)he crawl? 6-12 months 13-18 months Over 18 months
- 22. At what age did (s)he walk? Under 1 year 1 – 2 year 2-3 year

23. At what age did (s)he speak single words (other than "mama or "dada")?

9-13 months 14-18 months 19-24 months 25-36 months 37- 48 months

24. At what age did (s)he string two or more words together?

9-13 months 14-18 months 19-24 months 25-36 months 37 - 48 months

25. At what age was (s)he toilet-trained? (Bladder control)

1-2 year 2-3 year 3-4 yr

26. At what age was (s)he toilet-trained? (Bowel control)

1-2 year 2-3 year 3-4 year

45. Has your child ever had any of the following forms of psychological treatment (when)?

Outpatient psychotherapy Inpatient/Hospital evaluation or treatment Group psychotherapy
Residential treatment Family therapy

Educational History:

46. Has your child ever been in any type of special educational program? Yes No

If yes, which type of program?

Has the child ever been: Suspended from school Expelled from school Retained

Any other school problems/difficulties?

Social History:

47. How does your child get along with his/her brothers/sisters?

Doesn't have any Worse than average average Better than average

48. How easily does your child make friends?

Easier than average ---average--- Worse than average

49. How long does your child usually keep friends? (Circle)

0-6 months 6 months-1 yr. More than 1 year

50. To what extent are you and your spouse consistent with respect to disciplinary strategies?

Most of the time Some of the time None of the time

51. Please circle any **stress events** that your child has had; **how old was your child at the time?**

Parents divorced/separated Family accident or illness

Death in family Parent changed job

Changed schools Family moved

Family financial problems Other (please specify)

52. What strategies have been used for discipline? (Circle all that apply)

Verbal Reprimand Time-Out (isolation) Removal of Privileges Rewards

Physical punishment Acquiescence to child Avoidance of child

53. On the average, what percentage of the time does your child comply with **initial** commands?

0 – 20%

20 – 40%

40 – 60%

60 – 80%

80 – 100%

54. On the average, what percentage of the time does your child **eventually** comply with commands?

0 – 20%

20 – 40%

40 – 60%

60 – 80%

80 – 100%

55. How would you describe your marriage? Distant Conflicted Stable Unstable

Risk to Self or Others

Do you ever worry that your child might physically hurt somebody else?
If yes, please explain. Yes No

Has your child ever threatened to seriously harm someone else? Yes No
Does your child lose his/her temper easily? Yes No
Is your child argumentative, defiant or disobedient? Yes No
Is he/she spiteful or vindictive? Yes No
Does your child often initiate fights or destroy other's property?
If yes, please explain. Yes No

Has he/she ever used a weapon in a fight? Yes No
Has your child ever been arrested or detained by the authorities?
If yes, please explain. Yes No

Do you ever worry that your child might harm him/herself? Yes No
Has your child ever expressed thoughts of death or suicide? Yes No
Has he/she ever made a suicide attempt? Yes No
Does your child engage in dangerous activities?
If yes, please explain. Yes No

Has your child ever acted cruel towards animals? Yes No

Are you concerned your child may be using drugs/alcohol?
If yes, please explain. Yes No

What problems are you most concerned about?

What do you like most about your child?

Which of the following do you consider a problem for your child at this time?

- Fidgets
- Difficulty remaining seated
- Easily distracted
- Difficulty awaiting turn
- Difficulty following instructions
- Difficulty sustaining attention
- Often blurts out answers to questions before they have been completed
- Shifts from one activity to another
- Difficulty playing quietly
- Often talks excessively
- Often interrupts or intrudes on others
- Often does not listen
- Often loses things
- Often engages in physically dangerous activities

Total for ADHD _____ **(8 or more)**

When did these problems begin? (Specify age):

Which of the following do you consider a problem for your child at this time?

- Often loses temper
- Often argues with adults
- Often actively defies or refuses adult requests or rules
- Often deliberately does things that annoy other people
- Often blames others for own mistakes
- Is often touchy or easily annoyed by others
- Is often angry or resentful
- Is often spiteful or vindictive
- Often swears or uses obscene language

Total for ODD _____ **(5 or more)**

When did these problems begin? (Specify age):

Which of the following do you consider a problem for your child at this time?

- Stolen with no confrontation
- Run away from home overnight at least twice
- Lies often
- Deliberate fire-setting
- Often truant
- Breaking and entering
- Destroyed others' property
- Cruel to animals

- Forced someone into sexual activity
- Used a weapon in a fight
- Frequently starts physical fights
- Stolen with confrontation
- Physically cruel to people

Total for Conduct Disorder _____ (3 or more)

When did these problems begin? (Specify age):

Which of the following do you consider a problem for your child at this time?

- Unrealistic worries about future event
- Unrealistic concern about appropriateness of past behavior
- Unrealistic concern about competence
- Somatic complaints (headaches, stomachaches, etc.)
- Marked self-consciousness
- Excessive need for reassurance
- Marked inability to relax

Total for Overanxious Disorder _____ (4 or more)

Which of the following do you consider a problem for your child at this time?

- Depressed or irritable mood most of day, nearly every day, for 2 weeks or more
- Diminished pleasure in activities nearly every day, for 2 weeks or more
- Decrease or increase in appetite associated with change in weight
- Insomnia or hypersomnia nearly every day
- Psychomotor agitation or retardation
- Fatigue or loss of energy
- Feelings of worthlessness or excessive inappropriate guilt
- Diminished ability to think or concentrate or excessive indecisiveness
- Suicidal ideation or attempt

Total for Major Depressive Episode _____ (5 or more, must include 1 or 2.)

Which of these do you consider to be a problem for your child at this time?

- Depressed or irritable mood for most of the day for at least 1 year.
- Poor appetite or overeating
- Sleep problems (e.g. insomnia or hypersomnia)
- Low energy or fatigue
- Low self-esteem
- Poor concentration or difficulty making decisions
- Feelings of hopelessness
- Never without these symptoms for more than 2 months in a 1-year period

Total for Dysthymia _____ (4 or more, must include 1 and 8)

Which of the following do you consider a problem for your child at this time?

- Unrealistic and persistent worry about possible harm to attachment figures
- Unrealistic and persistent worry that a calamitous event will separate the child from attachment figure
- Persistent school refusal
- Persistent refusal to sleep alone
- Persistent avoidance of being alone
- Repeated nightmares re: separation
- Somatic complaints (stomachaches, headaches etc.)
- Excessive distress in anticipation of separation from attachment figure
- Excessive distress when separated from home or attachment figure

TOTAL for Separation Anxiety Disorder _____ **(3 or more)**

When did these problems begin? (Specify age): _____

Which of the following do you consider a problem for your child at this time?

- Stereotyped mannerisms; for example picking, biting, mouthing/sucking
- Odd postures
- Excessive reaction to noise or fails to react to loud noises
- Overreacts to touch
- Compulsive rituals or obsessive preoccupation with things "having to be" a certain way.
- Motor tics (repetitive twitches)
- Vocal Tics (repetitive sounds)

r/o SMD, Tourettes, OCD _____

Has the child exhibited any symptoms of thought disturbance, including any of the following?

- Loose thinking (e.g., difficult to follow train of thought, overly suspicious, etc.)
- Bizarre ideas (e.g., odd fascinations, delusions, hallucinations)
- Disoriented, confused, staring, or spacey
- Incoherent speech (mumbles, jargon)

r/o psychotic disorder or organic disorder _____

Has the child exhibited any symptoms of affective disturbance, including any of the following?

- Feelings change quickly and often expressed strongly
- Explosive temper with minimal provocation
- Excessive clinging, attachment, or dependence on adults
- Unusual fears
- Strange aversions
- Panic attacks
- Excessively constricted or bland affect (doesn't show feelings)
- Situationally inappropriate emotions (feelings don't match situation)

r/o Bipolar disorder, Panic disorder, IED, Attachment disorder _____

Has the child exhibited any of the following symptoms of social disturbance?

- Significantly indiscreet remarks
- Initiates or terminates interactions inappropriately
- Qualitatively abnormal social behavior
- Excessive reaction to changes in routine
- Abnormalities of speech
- Self-mutilation

r/o Autism, PDD, etc. _____

Please mark under the heading that best fits your child:

Child's Name: _____

	Never	Sometimes	Often
1. Complains of aches or pains	_____	_____	_____
2. Spends more time alone	_____	_____	_____
3. Tires easily, little energy	_____	_____	_____
4. Fidgety, unable to sit still	_____	_____	_____
5. Has trouble with a teacher	_____	_____	_____
6. Less interested in school	_____	_____	_____
7. Acts as if driven by a motor	_____	_____	_____
8. Daydreams too much	_____	_____	_____
9. Distracted easily	_____	_____	_____
10. Is afraid of new situations	_____	_____	_____
11. Feels sad, unhappy	_____	_____	_____
12. Is irritable, angry	_____	_____	_____
13. Feels hopeless	_____	_____	_____
14. Has trouble concentrating	_____	_____	_____
15. Less interest in friends	_____	_____	_____
16. Fights with other children	_____	_____	_____
17. Absent from school	_____	_____	_____
18. School grades dropping	_____	_____	_____
19. Is down on him or herself	_____	_____	_____
20. Visits to doctor (nothing wrong)	_____	_____	_____
21. Has trouble sleeping	_____	_____	_____
22. Worries a lot	_____	_____	_____
23. Wants to be with you more than before	_____	_____	_____
24. Feels he or she is bad	_____	_____	_____
25. Takes unnecessary risks	_____	_____	_____
26. Gets hurt frequently	_____	_____	_____

	Never	Sometimes	Often
27. Seems to be having less fun	_____	_____	_____
28. Acts younger than other children his or her age	_____	_____	_____
29. Does not listen to rules	_____	_____	_____
30. Does not show feelings	_____	_____	_____
31. Does not understand other people's feelings	_____	_____	_____
32. Teases others	_____	_____	_____
33. Blames others for his or her troubles	_____	_____	_____
34. Takes things that do not belong to him or her	_____	_____	_____
35. Refuses to share	_____	_____	_____

Total Score: _____

6 – 16: 28+

4 – 5: 24+

Dimensions of Temperament

Name of Child: _____

- 0 = No Problem or Mild Problem
- 1 = Moderate Problem
- 2 = Definite Problem
- 3 = Extreme Problem

1. **ACTIVITY LEVEL:** Very active, restless, fidgety, always into things; makes you tired; "ran before he/she walked"; easily overstimulated; gets "wild or revved up"; impulsive; loses control and can be aggressive; hates to be confined.

2. **DISTRACTIBILITY:** Has trouble concentrating and paying attention, especially if he/she is not really interested; "doesn't listen"; tunes you out; forgets instructions/rules.

3. **HIGH INTENSITY:** Loud and forceful whether miserable, angry or happy.

4. **IRREGULARITY:** Unpredictable; cannot tell when he/she will be hungry or tired; conflict over meals and bedtime; wakes up at night; moods are very changeable; has good or bad days with no apparent reason.

5. **NEGATIVE PERSISTENCE:** Stubborn; goes on and on nagging, whining, complaining or negotiating if he/she wants something; relentless; won't give up -- gets "locked in"; may have tantrums.

6. **LOW SENSORY THRESHOLD:** "Sensitive" (physically or emotionally); highly aware of color, light, appearance, texture, sound, smell, taste, or temperature (not necessarily all of these). "Creative", but with strong and unusual preferences that can be embarrassing; clothes have to look and/or feel right - making dressing a problem; picky eater; refuses to dress weather appropriate.

7. INITIAL WITHDRAWAL: Shy and reserved with new people; doesn't usually like new situations; holds back or protests by clinging or crying; may tantrum if forced to go forward.
-

8. POOR ADAPTABILITY: Has trouble with transition and change of activity or routine; inflexible, very particular, notices minor changes; gets used to things and won't give them up; has trouble with anything unfamiliar; wants same food or clothes over and over.
-

9. NEGATIVE MOOD: Basically serious or cranky; doesn't show pleasure openly; not a "sunny" disposition.
-

Rating Scale:

- | | |
|------------|-------------------------|
| 3-5 | Some difficult features |
| 6-12 | Difficult child |
| 13 or more | Very difficult child |

DIFFICULT TEMPERAMENT

Score High: Irregularity; Withdrawal; Poor Adaptability; High Intensity; Negative Persistence

SLOW/WARM TEMPERAMENT

Score High: Withdrawal; Poor Adaptability; Negative Persistence

Name of Child: _____

Family History Review Form - Child

Please place an **x** on the chart below for family members who exhibit any of the following problems:

<u>Your child - circle</u>	Father	Father's Family	Mother	Mother's Family	Your other Children
Seizures or convulsions	[]	[]	[]	[]	[]
Hyperactive as a child	[]	[]	[]	[]	[]
Problems with attention or Impulse control	[]	[]	[]	[]	[]
Learning disabilities (e.g. reading, math, writing)	[]	[]	[]	[]	[]
Kept back in school, or did not graduate high school	[]	[]	[]	[]	[]
Mental retardation	[]	[]	[]	[]	[]
Psychosis or schizophrenia	[]	[]	[]	[]	[]
Depression for greater than 2 weeks and/or Mania	[]	[]	[]	[]	[]
Anxiety that impaired day to day living	[]	[]	[]	[]	[]
Muscle tics/twitches or Rituals (washing/checking)	[]	[]	[]	[]	[]
Alcohol/substance abuse	[]	[]	[]	[]	[]
Antisocial behavior such as assaults, thefts, etc.	[]	[]	[]	[]	[]
Physically or sexually abused	[]	[]	[]	[]	[]
Suicide Attempt	[]	[]	[]	[]	[]

Please use this space to explain any of the above conditions, or inform us about any other family problem that may have a social or hereditary factor.
