

Date:

Name: \_\_\_\_\_

## Please check the issues you would like to discuss:

- Depression
- □ Anxiety/Stress
- Smoking
- Alcohol
- Emotional impact of having a heart attack
- □ Sleep issues
- □ Anger
- □ Money
- 🛛 Job
- □ Sex/intimacy
- □ Spouse
- Children
- Social isolation (loneliness, loss of friends and activities)
- Other

