

Melissa Bailey Arizpe, Psy.D.

Licensed Clinical Psychologist
1294 West 6th Street, Suite 105 San Pedro CA 90731
310-902-6089 Fax: 310-988-2883 melissabailey@earthlink.net

RE: Psychological Evaluation

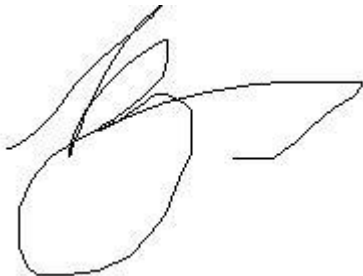
Dear Patient:

Prior to surgery every patient must have a psychological evaluation. This is a normal part of the pre-operative procedures. Your surgeon requires it, as does your insurance company in order to get approval for the surgery. There is no reason to be nervous. The evaluation process is a tool to help make your surgery and post-operative journey a success.

Enclosed are some pencil and paper tests that you are required to complete for your psychological evaluation. The American Society of Bariatric Surgeons has established guidelines on how Bariatric psychological evaluations are to be performed. Testing instruments are a required part of the process. It is very important that you complete these forms yourself and by yourself. Being honest in your answers will help us develop a program that is right for you. **This service is billed to your insurance but there is a discount for cash paying patients.**

I look forward to helping you with this process. And remember, I am here to help you and provide support. I will be calling or meeting with you to go over this information.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Bailey Arizpe', written in a cursive style.

Melissa Bailey Arizpe, Psy.D.
Licensed Clinical Psychologist

Borrowed Star Psychology Group, Inc.

Melissa Bailey Arizpe, Psy.D.

Licensed Clinical Psychologist PSY17402
1294 West 6th Street, Suite 105 San Pedro CA 90731
310-902-6089 Fax: 310-988-2883 melissabailey@earthlink.net

Instructions

Please read and sign the consent.

If applicable, please fill out the insurance information sheet and when possible, send a copy of your insurance card—front and back.

Complete the screening form and the assessments.

Use the fax sheet making sure you identify which surgeon and/or surgery center you are working with.

Fax all of the documents to 310-988-2883.

Dr. Arizpe will review your documents and if she does not find any “red flags,” a one page report with just your name and date of birth will be sent to the insurance coordinator so that the pre-surgery insurance verification process can begin immediately. After she reviews them, she will contact you to set-up a face-to-face interview. For your convenience, she is willing to do phone sessions in certain cases.

If you have specific billing questions, you can contact Dr. Arizpe’s biller, Tina Napora, at tnapora@sbcglobal.net or 310-257-0182.

Dr. Arizpe is available throughout your surgical experience for questions and support. Do not hesitate to call, email or set-up an appointment with her.

MELISSA BAILEY ARIZPE, PSY.D.
1294 W. 6TH STREET, SUITE 105 SAN PEDRO CA 90731
310-902-6089 FAX: 310-988-2883

FACSIMILE TRANSMITTAL SHEET

TO: Melissa Bailey Arizpe, Psy.D. FROM:
COMPANY: DATE:
FAX NUMBER: 310-988-2883 TOTAL NO. OF PAGES INCLUDING COVER:
PHONE NUMBER: SENDER'S REFERENCE NUMBER:
RE: Psychological Screening Attached YOUR REFERENCE NUMBER:

URGENT FOR REVIEW PLEASE COMMENT PLEASE REPLY PLEASE RECYCLE

NOTES/COMMENTS:

**PLEASE FILL THIS OUT COMPLETELY SO I KNOW WHERE TO SEND
YOUR REPORT AND HOW TO CONTACT YOU.**

CONFIDENTIAL INFORMATION

Psychological Screening Information Attached

Your Name: _____

Your Surgeon or surgery centers name (this is important so I know where to send the report):

Your Email address (so I can let you know I received your fax and send you important support information):

Your Contact number and best time to call:

Consent and Agreement for Psychological Testing and Evaluation

I, _____, agree to allow licensed clinical psychologist, Dr. Melissa Bailey Arizpe (PSY17402, 3796), and/or her psychological assistants to perform the following services:

- Psychological testing, assessment, screening and/or evaluation
- Report writing
- Consultation with other providers outside of the surgeon if needed (with additional release of information)
- Other: _____

I understand that these services may include direct, face-to-face contact, record reviewing, phone contact, interviewing, and/or testing and scoring. The fee for these services is \$695 and will be billed to your insurance. **There is a discount for patients paying cash.** These fees also include the psychologist's time required for the reading of records, consultations with other providers, scoring, interpreting the results, and any other activities to support these services. I also understand that the results of the evaluation will be given to my physician to assist in making medical decisions. Once the report is completed it will become part of my permanent medical record with the surgeon.

I understand that this evaluation is to be done for the sole purpose of:

- Psychological screening prior to bariatric surgery

I also understand the psychologist agrees to the following:

1. The procedures for selecting, giving, and scoring the tests, interpreting and scoring the results, and maintaining my privacy will be carried out in accord with the rules and guidelines of the American Psychological Association and other professional organizations.
2. Tests will be chosen that are suitable for the purposes described above. (In psychological terms, their reliability and validity for these purposes and population have been established.) These tests will be given and scored according to the instructions in the tests' manuals, so that valid scores will be obtained. These scores will be interpreted according to scientific findings and guidelines from the scientific and professional literature.
3. Tests and test results will be kept in a safe place.

I agree to help as much as I can, by supplying full answers, making an honest effort, and working as best I can to make sure that the findings are accurate. I also agree that if the psychologist gives me any forms to fill out while not in the presence of the psychologist (i.e. at home) that I will be the one filling out the form without the help of anyone else. I also agree to this screening taking place on the phone, if necessary.

In order to submit a claim for payment to us for services covered under your policy, we must have your authorization to release medical information to your insurance carrier.

MEDICARE&MEDI-CAL: I certify that the information given by me in applying for payment under XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related Medicare claim. I request that payment of authorized benefits be made on my behalf. I assign the benefits payable for services to the provider or organization furnishing the services or authorize such provider or organization to submit a claim to Medicare for payment to me. I request that payment under the medical insurance program be made either to me or to Melissa Bailey Arizpe; Psy.D./Borrowed Star Psychology Group, Inc. services furnished me by Dr. Arizpe during the next 12-month period.

ALL OTHER INSURANCE: I hereby authorize Dr. M. Bailey Arizpe, Psy.D, to submit a claim to my insurance carrier or its intermediaries for all covered services by the provider and authorize and direct my insurance carrier or its intermediaries to issue payment check(s) directly to the provider or organization rendering the covered services for the next 12-month period. I authorize Dr. Arizpe to furnish complete information to my insurance carrier or its intermediaries regarding services rendered.

I understand that services may be billed under Dr. Melissa Bailey Arizpe, Psy.D, or the following organizations, which supply support services for Dr. Arizpe, Borrowed Star Psychology Group, Inc.

PLEASE NOTE THAT ALL BILLS WILL BE GENERATED FROM THE ABOVE ADDRESS REGARDLESS OF WHERE THE ASSESSMENT TOOK PLACE.

PAYMENT DEFAULT: in the event of payment default, I agree to be responsible for any and all collection fees.

Signature of Client (or parent/guardian)

Date

This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.

THESE TESTS ARE SCREENING TOOLS AND ARE REQUIRED BY THE ASMBS FOR THE EVALUATION

Name: _____ Date completed: _____

Below is a list of problems that a lot of people have. Read each one carefully and rate how much that problem has distressed you over the last 7 days. Please rate them as follows:

0 = not at all, 1=a little bit, 2=Moderately, 3=Quite a bit, 4= Extremely

Please circle the number next to the statement

How much were you distressed by:

1. Nervousness or shakiness inside	0	1	2	3	4
2. Faintness or dizziness	0	1	2	3	4
3. The idea that someone else can control your thoughts	0	1	2	3	4
4. Feeling others are to blame for most of your troubles	0	1	2	3	4
5. Trouble remembering things	0	1	2	3	4
6. Feeling easily annoyed or irritated	0	1	2	3	4
7. Pains in heart or chest	0	1	2	3	4
8. Feeling afraid in open spaces or on the streets	0	1	2	3	4
9. Thoughts of ending your life	0	1	2	3	4
10. Feeling that most people cannot be trusted	0	1	2	3	4
11. Poor appetite	0	1	2	3	4
12. Suddenly scared for no reason	0	1	2	3	4
13. Temper outbursts that you could not control	0	1	2	3	4
14. Feeling lonely even when you are with people	0	1	2	3	4
15. Feeling blocked in getting things done	0	1	2	3	4
16. Feeling lonely	0	1	2	3	4
17. Feeling blue	0	1	2	3	4
18. Feeling no interest in things	0	1	2	3	4
19. Feeling fearful	0	1	2	3	4
20. Your feeling being easily hurt	0	1	2	3	4
21. Feeling that people are unfriendly or dislike you	0	1	2	3	4
22. Feeling inferior to others	0	1	2	3	4
23. Nausea or upset stomach	0	1	2	3	4
24. Feeling that you are watched or talked about by others	0	1	2	3	4
25. Trouble falling asleep	0	1	2	3	4
26. Having to check and double-check what you do	0	1	2	3	4
27. Difficulty making decisions	0	1	2	3	4
28. Feeling afraid to travel on buses, subways, or trains	0	1	2	3	4
29. Trouble getting your breath	0	1	2	3	4
30. Hot or cold spells	0	1	2	3	4
31. Having to avoid certain things, places, or activities because they frighten you	0	1	2	3	4
32. Your mind going blank	0	1	2	3	4
33. Numbness or tingling in parts of your body	0	1	2	3	4
34. The idea that you should be punished for your sins	0	1	2	3	4
35. Feeling hopeless about the future	0	1	2	3	4
36. Trouble concentrating	0	1	2	3	4
37. Feeling weak in parts of your body	0	1	2	3	4

THESE TESTS ARE SCREENING TOOLS AND ARE REQUIRED BY THE ASMBS FOR THE EVALUATION

38. Feeling tense or keyed up	0	1	2	3	4
39. Thoughts of death or dying	0	1	2	3	4
40. Having urges to beat, injure, or harm someone	0	1	2	3	4
41. Having urges to break or smash things	0	1	2	3	4
42. Feeling very self-conscious with others	0	1	2	3	4
43. Feeling uneasy in crowds, such as shopping or at a movie	0	1	2	3	4
44. Never feeling close to another person	0	1	2	3	4
45. Spells of terror or panic	0	1	2	3	4
46. Getting into frequent arguments	0	1	2	3	4
47. Feeling nervous when you are left alone	0	1	2	3	4
48. Others not giving you proper credit for your achievement	0	1	2	3	4
49. Feeling so restless you couldn't sit still	0	1	2	3	4
50. Feeling of worthlessness	0	1	2	3	4
51. Feeling that people will take advantage of you if you let them	0	1	2	3	4
52. Feeling of guilt	0	1	2	3	4
53. The idea that something is wrong with your mind	0	1	2	3	4

NEXT TESTING SECTION PLEASE READ INSTRUCTIONS

Below is a list of statements. Please indicate if the statement is TRUE or FALSE for you.

Please circle a T or F next to the statement.

54. I feel very tense when I think about the day's events	<i>T or F</i>
55. I am not a very spiritual person	<i>T or F</i>
56. I get extremely anxious when I don't know what the doctors are going to do to me	<i>T or F</i>
57. I am a dramatic kind of person	<i>T or F</i>
58. Sometimes I can't remember what medications to take and when to take them	<i>T or F</i>
59. I often get confused about what is happening to me	<i>T or F</i>
60. I can no longer do things I enjoyed doing in the past	<i>T or F</i>
61. I've felt sad much of my life	<i>T or F</i>
62. The idea of being left alone in life really frightens me	<i>T or F</i>
63. Sometimes I make medications that were prescribed for others on the chance that they'll help me	<i>T or F</i>
64. I wish other people were more accepting of me	<i>T or F</i>
65. I can get nasty with people who deserve it	<i>T or F</i>
66. My best years are behind me	<i>T or F</i>
67. I feel jumpy and under strain, but I don't know why	<i>T or F</i>
68. I get great comfort from my religious beliefs	<i>T or F</i>
69. I begin to cry when the smallest things go wrong	<i>T or F</i>
70. I seems to fit in right away with any group of people I meet	<i>T or F</i>
71. I like to follow instructions and do what others expect of me	<i>T or F</i>
72. Most people wouldn't care much if I were sick	<i>T or F</i>
73. Medical instruments really frighten me	<i>T or F</i>
74. Loss of memory has been a big problem for me	<i>T or F</i>
75. I can't move around to do things as well as I could in the past	<i>T or F</i>
76. I want my doctor to review with me the results of all my medical tests	<i>T or F</i>
77. I've found that this society is too hard on people who don't conform	<i>T or F</i>
78. I've felt all alone for a very long time now	<i>T or F</i>
79. I'll stop anyone who tries to boss me around	<i>T or F</i>

THESE TESTS ARE SCREENING TOOLS AND ARE REQUIRED BY THE ASMBS FOR THE EVALUATION

80. I would much rather follow someone than be the leader	<i>T or F</i>
81. I get very anxious when I think about my medical problems	<i>T or F</i>
82. I deserve many of the misfortunes I've suffered	<i>T or F</i>
83. I think things will get much worse in the coming months	<i>T or F</i>
84. I can't take care of myself as well as I used to	<i>T or F</i>
85. I try to learn as much as I can about the treatments available for my medical condition	<i>T or F</i>
86. Faith and prayer always get me through my troubles	<i>T or F</i>
87. I have a lot of confidence in myself	<i>T or F</i>
88. I'm trying to be as open as I can in my responses to these questions	<i>T or F</i>
89. I protect myself by not letting people know much about my life	<i>T or F</i>
90. I guess I've always been a fearful and inhibited person	<i>T or F</i>
91. If you don't have something good to say about yourself, you should keep quiet	<i>T or F</i>
92. I would do anything to stop the pain I feel	<i>T or F</i>
93. I seem to need a lot of advice in order to get things done	<i>T or F</i>
94. If I have to go through another medical procedure, I think I'll just go crazy	<i>T or F</i>
95. My health seems to be failing faster than that of most people my age	<i>T or F</i>
96. Life will never be the same again for me	<i>T or F</i>
97. No matter what, seeing a doctor is reassuring	<i>T or F</i>
98. I rarely find the time to exercise	<i>T or F</i>
99. I feel so jittery and restless that I'm worn out at night	<i>T or F</i>
100. I've always preferred to have a quiet and inactive life	<i>T or F</i>
101. I have a habit of making my problems sound worse than they really are	<i>T or F</i>
102. I have had serious thoughts about suicide	<i>T or F</i>
103. I like to arrange things down to the last detail	<i>T or F</i>
104. There's little emotional support within my family	<i>T or F</i>
105. I have always had a talent for being successful	<i>T or F</i>
106. I have told lies to my family to conceal my use of drugs	<i>T or F</i>
107. Very few people appreciate just how hard my life really is	<i>T or F</i>
108. I seem to be losing my ability to concentrate	<i>T or F</i>
109. Answering questions like these helps me take a good honest look at things in my life	<i>T or F</i>
110. I watch out for people trying to cheat me	<i>T or F</i>
111. The pain I'm in has made my life feel very hopeless	<i>T or F</i>
112. In this world you either pushed or get shoved	<i>T or F</i>
113. I'm very erratic, changing my feelings all the time	<i>T or F</i>
114. When people are bossy, I usually do the opposite of what they want	<i>T or F</i>
115. I've had nightmares about medical procedures I may have to endure	<i>T or F</i>
116. I worry a lot that the people I depend on will leave me	<i>T or F</i>
117. I'm my own worst enemy	<i>T or F</i>
118. I sometimes exaggerate how poorly I am feeling	<i>T or F</i>
119. For some unknown reason, I suddenly get very panicky	<i>T or F</i>
120. My emotions don't seem to be as strong as other people's	<i>T or F</i>
121. It makes me very uncomfortable when other people know about my problems	<i>T or F</i>
122. Physical pain is a big part of my life	<i>T or F</i>
123. I am constantly worried about my health	<i>T or F</i>
124. It is good to have a routine for doing things in order to avoid mistakes	<i>T or F</i>
125. There is someone close to me who truly understands my feelings	<i>T or F</i>
126. Many people respect and envy me	<i>T or F</i>
127. Taking drugs has been a regular part of my social life	<i>T or F</i>

THESE TESTS ARE SCREENING TOOLS AND ARE REQUIRED BY THE ASMBS FOR THE EVALUATION

128. I believe something is wrong with my head	<i>T or F</i>
129. Most people in my life eventually disappoint me	<i>T or F</i>
130. I feel particularly resentful when I am refused medical benefits I know I am entitled to	<i>T or F</i>
131. It's all right to bend the law as long as you don't break it	<i>T or F</i>
132. I never let anyone get the better of me	<i>T or F</i>
133. I know from the past that good things don't last	<i>T or F</i>
134. I can handle the worst medical news about myself, no matter how upsetting it may be	<i>T or F</i>
135. I am afraid that I may suddenly die from an illness	<i>T or F</i>
136. I am quickly losing hope that I will ever regain my health	<i>T or F</i>
137. I make sure that I'm on time for all my doctor's appointments	<i>T or F</i>
138. Pain makes it very difficult for me to work now	<i>T or F</i>
139. I have found very few things in life to be pleasurable	<i>T or F</i>
140. I have many very good and close friends	<i>T or F</i>
141. I always finish my work before I take time out for leisure	<i>T or F</i>
142. I have friends who will listen to any problem I have	<i>T or F</i>
143. Everything I try comes easily to me	<i>T or F</i>
144. I'm making myself seem healthier in my responses here than I really am	<i>T or F</i>
145. My life has always gone from bad to worse	<i>T or F</i>
146. I think it's best not to trust anyone	<i>T or F</i>
147. Pain is the worst part of m medical condition	<i>T or F</i>
148. I often resent doing things that others expect of me	<i>T or F</i>
149. I am mistreated most by close friends and relatives	<i>T or F</i>
150. I quickly consult my doctor whenever I have new symptoms	<i>T or F</i>
151. I'm on edge a lot lately	<i>T or F</i>
152. I am never alone as long as God is with me	<i>T or F</i>
153. I think I'm a very sociable and outgoing person	<i>T or F</i>
154. It is always best to follow the rules that those in authority have made	<i>T or F</i>
155. A lot of my answers on this tests have been affected by my current bad mood	<i>T or F</i>
156. I sometimes take medications that are prescribed for other people	<i>T or F</i>
157. I often set myself up to fail	<i>T or F</i>
158. I feel guilt most of the time	<i>T or F</i>
159. I flew across the Atlantic more that 30 times last year	<i>T or F</i>
160. My feeling toward my relatives often swing back and forth from love to hate	<i>T or F</i>
161. I want my doctors to be as detailed as possible in telling me about my medical problems	<i>T or F</i>
162. I don't think I'll live as long as I should	<i>T or F</i>
163. I make my life worse that it has to be	<i>T or F</i>
164. I smoke about a pack of cigarettes a day	<i>T or F</i>
165. I've never has as much interest in sex as most people my age	<i>T or F</i>
166. I'm too embarrassed to admit my problems as frankly as I should	<i>T or F</i>
167. I can charm people into doing almost anything I want	<i>T or F</i>
168. I've been overweight ever since I was a child	<i>T or F</i>
169. If I don't get relief from medicine, I may increase the dosage on my own	<i>T or F</i>
170. In the past year, I've really gone downhill mentally	<i>T or F</i>
171. I think I am making my life look worse than it really is by my responses here	<i>T or F</i>
172. I spend much of my time brooding about things	<i>T or F</i>
173. Too many rules get in the way of people doing what they want to do	<i>T or F</i>
174. No one needs to know my business	<i>T or F</i>
175. I've always felt that most people think poorly of me	<i>T or F</i>

THESE TESTS ARE SCREENING TOOLS AND ARE REQUIRED BY THE ASMBS FOR THE EVALUATION

176. I'm considered a thoughtless and unsentimental person	<i>T or F</i>
177. I was on the cover of several magazines recently	<i>T or F</i>
178. I get very annoyed when others put pressure on me	<i>T or F</i>
179. My body is constantly giving me worrisome signals	<i>T or F</i>
180. It is difficult for me to get through the day without a few drinks	<i>T or F</i>
181. I never put off seeing the doctor if I feel I need to	<i>T or F</i>
182. Being in touch with my spiritual self helps me deal with life's burdens	<i>T or F</i>
183. I often feel sad and unloved	<i>T or F</i>
184. I start feeling crazy when medical problems turn out badly for me	<i>T or F</i>
185. I am holding back when I respond to many of these statements	<i>T or F</i>
186. I feel entitled to all my sick days each year	<i>T or F</i>
187. I'd rather not know the details of an illness I might have	<i>T or F</i>
188. I get very irritable if I haven't had a cup of coffee for a few hours	<i>T or F</i>
189. The quality of my life has gotten much worse because of my illness	<i>T or F</i>
190. I rarely feel a sense of joy these days	<i>T or F</i>
191. I usually do what I want without worrying about how it affects others	<i>T or F</i>
192. I'm a yo-yo dieter; my weight goes up and down	<i>T or F</i>
193. My head often hurts so much that I need to take time off from work	<i>T or F</i>
194. This is a very lonely world	<i>T or F</i>
195. I've tried to quit smoking many times, but I always start again	<i>T or F</i>
196. I would change my lifestyle on my doctor's advice	<i>T or F</i>
197. Without God in my life, I could never get through a serious illness	<i>T or F</i>
198. My pain is on my mind constantly	<i>T or F</i>
199. I always overeat when I'm depressed or under stress	<i>T or F</i>
200. My future looks like it will be full of problems and pain	<i>T or F</i>
201. It's okay to take advantage of gray areas in the law	<i>T or F</i>
202. I've tried exercise programs, but I just can't seem to stick with them	<i>T or F</i>
203. I'm unable to organize my life the way I want	<i>T or F</i>
204. Members of my family have complained recently about my drinking	<i>T or F</i>
206. I really don't understand human feelings like others do	<i>T or F</i>
207. I need plenty of caffeine to get me through the day	<i>T or F</i>
208. I almost always put other people's needs above my own	<i>T or F</i>
209. I often feel overwhelmed by minor responsibilities	<i>T or F</i>
210. I've lost interest in things that I used to find pleasurable	<i>T or F</i>
211. I now need to follow routines so that I don't get confused	<i>T or F</i>
212. My medical condition has made daily tasks much more difficult	<i>T or F</i>
213. I know I should exercise, but I just can't get started	<i>T or F</i>
214. I cannot count on anyone to support me during times of illness	<i>T or F</i>
215. I feel very depressed	<i>T or F</i>
216. I am a very emotional person	<i>T or F</i>
217. I like to flirt with members of the opposite sex	<i>T or F</i>
218. I get irritable if I go too long without a cigarette	<i>T or F</i>
219. I have no deep religious beliefs	<i>T or F</i>

This is just a screening tool that is required by ASMBS. I hand score them so feel free to make comments. And just think, some psychologists make you take way more tests than this!

Psychological Evaluation for Insurance Verification

Please complete the following. Our psychologist will review this along with all of your other pre-operative information and will be contacting you.

Name: _____

Date of Birth: _____

Height: _____ Weight: _____

Married single divorced widow

Who do you live with?: _____

Do you have any history of any type of abuse—physical, sexual, emotional, domestic violence? And if so, when did it occur, did you get treatment for it?

Do you currently have any pending legal problems or lawsuits? Are you suing anyone? Current Bankruptcy?: _____

What are some of the recent stressful events in your life? _____

What is your highest level of education?: _____

What is your current job? Where do you work and how long have you been in your current position: _____

Do you have any current or past workman's compensation claims? If so, then please describe:

(Please note having a psychiatric history does not exclude you from surgery.)

Are you currently seeing a psychologist/psychiatrist/therapist/counselor? And if so, for how long and for what issue: _____

Have you ever been hospitalized in a psychiatric facility? And if so, where and when? _____

Do you have a history of depression, anxiety or panic attacks? Please describe: _____

Do you ever get depressed about your weight? :

Are you currently taking any anti-depressant, anti-anxiety or any other psychotropic medication? Who prescribes it for you and what are the doses? _____

Do you smoke? Y N If yes, how long and how many cigarettes a day? _____

Do you drink alcohol and if so when, how much? _____

Do you have any history of drug or alcohol abuse? _____

Have you ever been in a drug or alcohol rehabilitation facility? _____

Have you ever been diagnosed by a professional with an eating episode? _____

Do you ever feel out of control when you are eating? Please describe: _____

Have you ever made yourself vomit, used diuretics, fasted, used laxatives or enemas, or engaged in excessive exercise after a large meal? Please describe: _____

What is the #1 reason you want weight loss surgery? _____

Has a medical doctor ever recommended the surgery? Y N

How long have you been thinking about the surgery? _____

What is your goal weight? _____

How long do you think it will take to accomplish your goals? _____

PLEASE WRITE ANY OTHER COMMENTS ON THE REVERSE SIDE.