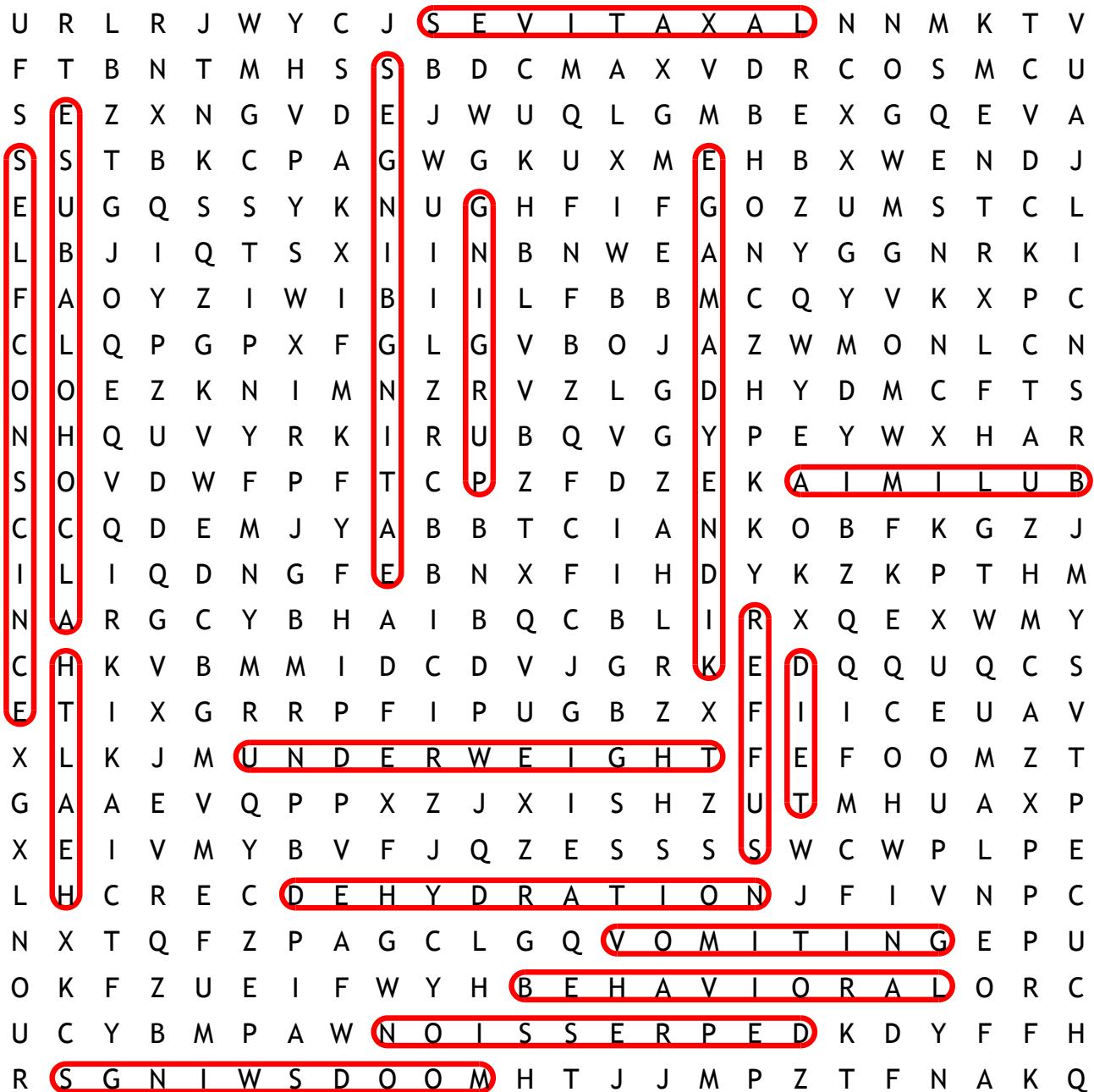


Name: _____

Date: _____

MENTAL HEALTH DISORDER



SELFCONSCIENCE ALCOHOLABUSE KIDNEYDAMAGE EATINGBINGES
DEHYDRATION UNDERWEIGHT MOODSWINGS BEHAVIORAL
DEPRESSION LAXATIVES VOMITING BULIMIA
PURGING HEALTH SUFFER DIET