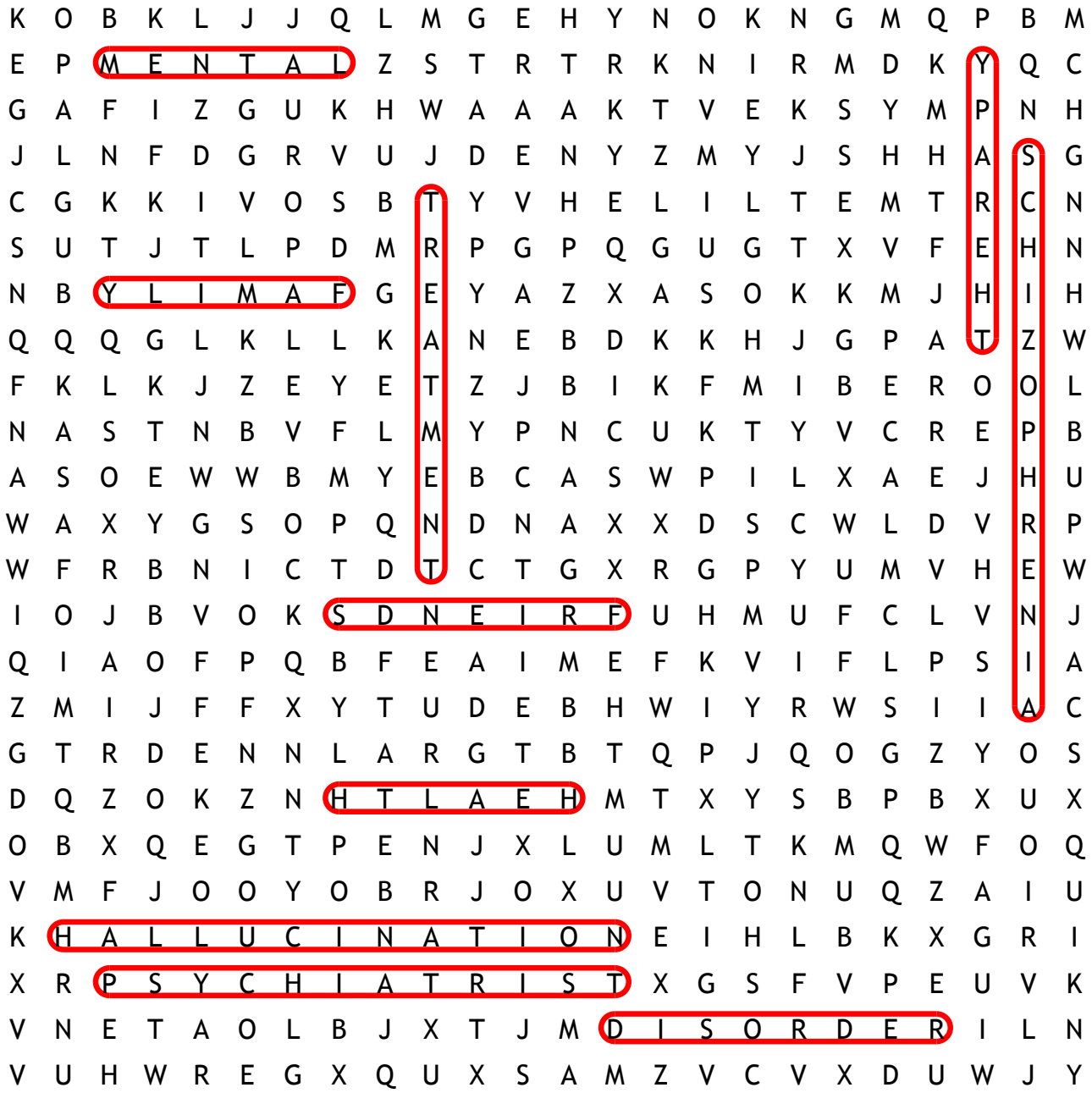
Name: _____ Date: _____

# Schizophrenia




hallucination

Disorder

Friends

Family

Schizophrenia

treatment

Health

Psychiatrist

Therapy

Mental