

7/28/2025

Northwell Health Claims Center PO Box 14648, Lexington, KY 11967

Client:

DOB:

Therapist: Kayla Newkirk, Mental Health Counselor, Limited Permit

Limited Permit Number: 18-P129444-01

Contact information: 315-728-9195 or kaylanewkirk@truetalkcounseling.com

Clinical Supervisor: Jana Klein, LMHC

Licensure Number: 007280

Contact information: 646-591-4326 or Janaklein@truetalkcounseling.com

Level of care: Outpatient mental health

Treatment: Psychotherapy/ 1x every 2 weeks

Dates of treatment: (6/11/2025-Present)

I am writing in my capacity as a Mental Health Counselor - Limited Permit (MHC-LP) under the supervision of Jana Klein, LMHC, in the field of Clinical Mental Health Counseling, to provide a professional statement regarding my client date of birth date of birth date. This letter is prepared at the request of Northwell Health and is intended for use of Absence given my observation of her inability to work at this time.

I have been working with since June 11th, 2025, and she has been diagnosed with Generalized Anxiety Disorder. In our sessions, and I have been focusing on reducing her anxiety, improving her ability to verbalize how she is feeling, and enhancing her coping skills, and increasing her motivation. has reported having a difficult time taking care of herself, her family, and working while experiencing symptoms of intense anxiety.

These symptoms of anxiety include feeling unmotivated, tired, having difficulty falling and staying asleep, decreased motivation, brain fog, and headaches. This impacts her daily functioning, ability to work, and engage in everyday activities and I have been working on learning coping skills and strategies in order to improve her ability to function and return to everyday daily activities. Currently, she is still in the process of treating her Mental Health needs at this time. Please feel free to reach out with any other further questions or concerns.

Thank you,

Kayla Newkirk, MHC-LP and Jana Klein, LMHC

Kayla Newkirk, MHC-LP | Strug Klein, 1MHC
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