

SYMPTOM CHECKLIST

In order to get the most of our first session together, I would appreciate knowing more about the concerns that bring you in at this time. Below is a checklist that may help you describe what you're experiencing. Please check any items on the list that you have concerns about.

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| <input type="checkbox"/> Abuse (physical/emotional/sexual) | <input type="checkbox"/> Hopelessness |
| <input type="checkbox"/> Adultery | <input type="checkbox"/> Hot flashes/chills |
| <input type="checkbox"/> Aggression, violence | <input type="checkbox"/> Impulsivity |
| <input type="checkbox"/> Alcohol/drug use | <input type="checkbox"/> Irresponsibility |
| <input type="checkbox"/> Anger, hostility, arguing, irritability | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Anxiety, nervousness, panic | <input type="checkbox"/> Low energy |
| <input type="checkbox"/> ADD, ADHD | <input type="checkbox"/> Low motivation |
| <input type="checkbox"/> Appetite change (more/less) | <input type="checkbox"/> Menstrual problems, menopause |
| <input type="checkbox"/> Black outs/losing track of time | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Career or work related concerns | <input type="checkbox"/> Nausea |
| <input type="checkbox"/> Chest pain | <input type="checkbox"/> Numbness/tingling |
| <input type="checkbox"/> Childhood issues | <input type="checkbox"/> Obsessions |
| <input type="checkbox"/> Concentration difficulty | <input type="checkbox"/> Pain |
| <input type="checkbox"/> Codependence | <input type="checkbox"/> Parenting |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Compulsions | <input type="checkbox"/> Pornography |
| <input type="checkbox"/> Decision making | <input type="checkbox"/> Prescription Medication abuse |
| <input type="checkbox"/> Defiance of rules/norms | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Depression, low mood, tearful, sad | <input type="checkbox"/> Racing thoughts |
| <input type="checkbox"/> Delusions (false ideas) | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Divorce | <input type="checkbox"/> Risk taking |
| <input type="checkbox"/> Eating disorders/problems | <input type="checkbox"/> Self-esteem (too high/too low) |
| <input type="checkbox"/> Excessive behaviors | <input type="checkbox"/> Sweating excessively |
| <input type="checkbox"/> Fears: | <input type="checkbox"/> School problems |
| <input type="checkbox"/> That you are not real | <input type="checkbox"/> Self-control |
| <input type="checkbox"/> That things are not real | <input type="checkbox"/> Sexual issues |
| <input type="checkbox"/> Of dying | <input type="checkbox"/> Sleep disturbance (more/less) |
| <input type="checkbox"/> Of going crazy | <input type="checkbox"/> Social problems |
| <input type="checkbox"/> Phobia _____ | <input type="checkbox"/> Stress |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Thoughts about death/dying |
| <input type="checkbox"/> Financial problems | <input type="checkbox"/> Thoughts that won't go away |
| <input type="checkbox"/> Grief | <input type="checkbox"/> Thoughts of hurting someone or you |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Trembling/Shaking |
| <input type="checkbox"/> Hallucinations | <input type="checkbox"/> Weight/dieting issues |
| <input type="checkbox"/> Health problems | <input type="checkbox"/> Withdrawal/Isolation |
| <input type="checkbox"/> Heart racing | <input type="checkbox"/> Worthlessness |