SYMPTOM CHECKLIST

Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_DOB:\_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_

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 within that last 30 days. Please check any items on the list that you have concerns about.

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