



Printed Name(s): _____

Date: _____

What concerns do you have for which you are seeking therapy? _____

Individual Symptoms

- Individual symptoms checklist including Anger, Anxiety, Career difficulties, Compulsive or repetitive thoughts, Confusion, Depression or sadness, Difficulty concentrating, Excessive use of drugs or alcohol, Headaches, Hopelessness, Impulses to harm self/others, Disorientation or confusion, Visual/Auditory hallucinations, Irritability, Lack of energy, Loss of interest, Loneliness, Memory problems, Mood swings, Nausea/vomiting, Panic, Self-critical thoughts, Seizures, Shortness of breath, Sleep difficulties, Thoughts of suicide, Suspiciousness or fear of others, Difficulty thinking, Weight gain/loss, and Other symptoms (describe).

Medical Status

Please describe any medical difficulties you are experiencing: _____

Have you sought medical treatment for the above difficulties? _____

Are you currently taking any medications related to mental health? If so, please list: _____

Couple Relationship Difficulties

- Couple relationship difficulties checklist including Tension, Arguments, Emotional distance, Sexual difficulties, Communication problems, Alcohol or drug problems, Stress from health/money problems, and Other (describe).

Difficulties with Family and/or Children

- Difficulties with family and/or children checklist including Tension with children, Angry interchanges with children, Behavioral problems with children, Alcohol or drug problems, Financial problems, and Other (describe).