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File: _____

Presenting Concerns and Symptoms

___Anger
___Loss of interest (in pleasurable activities)
___Anxiety
___Memory Loss
___Compulsive behaviors
___Mood Swings
___Confusion
___Nausea/Vomiting
___Depression
___Self-critical
___Excessive use of alcohol or drugs
___Seizures
___Headaches
___Shortness of breath
___Lack of energy
___Difficulty concentrating/paying attention
___Concern for personal safety
___Racing thoughts
___Identity issues
___Sleep difficulties
___Impulses to hurt self or others
___Self-harming behaviors
___Suicidal thoughts
___Disorientation (moments of not knowing who you are or where you are)
___Suspiciousness
___Thought disorder (confused thinking)
___Visual or auditory hallucinations (seeing or hearing things)
___Obsessive preoccupations or repeated thoughts
___Irritability
___Recent weight gain or loss
___Hopelessness
___Recent Losses: _____
_____
___Legal problems: _____
_____
___Other_____

Couple Relationship

___Tension
___Arguments
___Emotional distance
___Communication problems
___Alcohol or other addiction problems
___Stresses from health problems
___Sexual difficulties
___Financial or other stresses: _____
_____

With Children

___Tension
___Children exhibiting emotional problems
___Problems in relationships between siblings
___Other concerns: _____
___Angry interchanges
___Children exhibiting behavioral problems
___Health problems

Extended Family

___Recent losses
___Ongoing difficult interactions with:
_____

Work-related (or school related)

___Upsetting interactions
___Financial insecurity
___Unemployed/Loss of job

Community-Related

___Insufficient friendships
___Tensions in friendship relationships
___Over-extended in friendship or community
___Other:_____

Name:_____ **Date:**_____
(Please sign)