**Checklist of Concerns**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please mark all of the items below that apply, and feel free to add any others at the bottom under “Any other concerns or issues.” You may add a note or details in the space next to the concerns checked. (For a child, mark any of these and then complete the “Child Checklist of Characteristics.”)

❑ I have no problem or concern bringing me here

❑ Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals

❑ Aggression, violence

❑ Alcohol use

❑ Anger, hostility, arguing, irritability

❑ Anxiety, nervousness

❑ Attention, concentration, distractibility

❑ Career concerns, goals, and choices

❑ Childhood issues (your own childhood)

❑ Codependence

❑ Confusion

❑ Compulsions

❑ Custody of children

❑ Decision making, indecision, mixed feelings, putting off decisions

❑ Delusions (false ideas)

❑ Depression, low mood, sadness, crying

❑ Divorce, separation

❑ Drug use—prescription medications, over-the-counter medications, street drugs

❑ Emptiness

❑ Failure

❑ Fatigue, tiredness, low energy

❑ Fears, phobias

❑ Financial or money troubles, debt, impulsive spending, low income, gambling

❑ Friendships

❑ Gender Issues

❑ Grieving, mourning, deaths, losses, divorce

❑ Guilt

❑ Headaches, other kinds of pains

❑ Health, illness, medical concerns, physical problems

❑ Housework/chores—quality, schedules, sharing duties

❑ Inferiority feelings

❑ Interpersonal conflicts

❑ Impulsiveness, loss of control, outbursts

❑ Irresponsibility

❑ Judgment problems, risk taking

❑ Legal matters, charges, suits

❑ Loneliness

❑ Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments

❑ Memory problems

❑ Menstrual problems, PMS, menopause

❑ Mood swings

❑ Motivation, laziness

❑ Nervousness, tension

❑ Obsessions, compulsions (thoughts or actions that repeat themselves)

❑ Oversensitivity to rejection

❑ Pain, chronic

❑ Panic or anxiety attacks

❑ Parenting, child management, single parenthood

❑ Perfectionism

❑ Pessimism

❑ Procrastination, work inhibitions, laziness

❑ Relationship problems (with friends, with relatives, or at work)

❑ School problems

❑ Self-centeredness

❑ Self-esteem

❑ Self-neglect, poor self-care

❑ Sexual issues, dysfunctions/conflicts

❑ Sexual Orientation

❑ Shyness, oversensitivity to criticism

❑ Sleep problems—too much, too little, insomnia, nightmares

❑ Smoking and tobacco use

❑ Spiritual, religious, moral, ethical issues

❑ Stress, relaxation, stress management, stress disorders, tension

❑ Suspiciousness, distrust

❑ Suicidal thoughts

❑ Temper problems, self-control, low frustration tolerance

❑ Thought disorganization and confusion

❑ Threats, violence

❑ Weight and diet issues

❑ Withdrawal, isolating

❑ Work problems, employment, workaholism/overworking, can’t keep a job, dissatisfaction, ambition

❑ Other concerns or issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please look back over the concerns you have checked off and choose the one that you most want help with. It is: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*\*\*This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law. \*\**