

Patient Name _____ DOB _____

Adult 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.

- I have no problem or concern bringing me here
- Abuse-physical, sexual, emotional, neglect (of children or elderly), 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)
- Children, child management, child care, parenting
- Codependence
- Confusion
- Compulsions
- Custody of children
- Decision making, indecision, mixed feelings, putting off decisions
- Delusions (false ideas)
- Dependence
- Depression, low mood, sadness, crying
- Divorce, separation
- Drug use-prescription medications, over-the-counter medications, street drugs
- Eating problems-overeating, undereating, appetite, vomiting (see also "Weight and diet issues")
- Emptiness
- Failure
- Fatigue, tiredness, low energy
- Fears, phobias
- Financial or money troubles, debt, impulsive spending, low income
- Friendships
- Gambling
- Grieving, mourning, deaths, losses, divorce
- Guilt
- Headaches, other kinds of pains
- Health, illness, medical concerns, physical problems
- 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
- _ Memory problems
- _ Menstrual problems, PMS, menopause
- _ Mood swings
- _ Motivation, laziness
- _ Nervousness, tension
- _ Obsessions, compulsions (thoughts or actions that repeat themselves)
- _ Oversensitivity to rejection
- _ Panic or anxiety attacks
- _ Perfectionism
- _ Pessimism
- _ Procrastination, work inhibitions, laziness
- _ Relationship problems
- _ School problems (see also "Career concerns . . .")
- _ Self-centeredness
- _ Self-esteem
- _ Self-neglect, poor self-care
- _ Sexual issues, dysfunctions, conflicts, desire differences, other (see also "Abuse")
- _ Shyness, oversensitivity to criticism
- _ Sleep problems-too much, too little, insomnia, nightmares
- _ Smoking and tobacco use
- _ Stress, relaxation, stress management, stress disorders, tension
- _ Suspiciousness
- _ 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

Any other concerns or issues:

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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