

**Confidential Adult Checklist of Concerns**

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

In order to provide you the highest quality service, it is important that we understand all mental health concerns you have dealt with in the past and that you have currently, even if they are not related to your current psychotherapy goals. Please mark all of the items below that apply, and feel free to add any others at the last page under "Any other concerns or issues." We will review checked items with you during your initial consultation.

Current	Past	Issue
		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
	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
	Traumatic event or events
	Weight and diet issues
	Withdrawal, isolating
	Work problems, employment, workaholism/overworking, can't keep a job

Any other concerns or issues:

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Please look back over the concerns you have checked off and choose the one that most concerns you. It is:

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