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. (For a child, mark any of these and then complete the "Child Checklist of Characteristics.")

- □ I have no problem or concern bringing me here
- D 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)
- 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
- $\hfill\square$ 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

- □ 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
- D 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 (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
- D 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
- U Work problems, employment, workaholism/overworking, can't keep a job, dissatisfaction, ambition
- 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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