

ADULT CHECKLIST OF CONCERNS

This is a strictly confidential patient medical record.

Name _____ Date _____

Please mark all of the issues below that apply to you, and feel free to add any others at the bottom of the form under "Any other concerns or issues."

- Abuse: physical, sexual, emotional, neglect (of children or elderly), cruelty to animals
 - Aggression, violence
 - Alcohol use
 - Anger, hostility, arguing, irritability, loss of control, outbursts, threats
 - Anxiety, nervousness, panic, tension
 - Attention, concentration, distractibility
 - Career concerns, goals, and choices; employment/unemployment problems; workaholism
 - Childhood issues (your own)
 - Children, child management, child care, parenting
 - Codependence or dependence
 - Confusion, memory problems, thought disorganization
 - Compulsions and/or obsessions (thoughts or actions that repeat themselves)
 - Depression: low mood, sadness, crying, lack of interest in usual activities
 - Divorce, separation or custody issues
 - Drug use: prescription medications, over-the-counter medications, illegal drugs
 - Eating problems: overeating, low appetite, vomiting, over-exercising, diet issues
 - Feelings of emptiness
 - Feelings of failure, inferiority, or unworthiness
 - Fatigue, tiredness, low energy
 - Fears, phobias
 - Financial or money troubles, debt, impulsive spending
 - Friendship conflicts
 - Gambling
 - Grieving, loss
 - Guilt, worthlessness
 - Headaches, stomachaches, muscle pain
 - Illness issues, chronic illness
 - Irresponsibility, judgment problems, risk taking
 - Legal matters, charges, law suits
 - Marital conflict, distance/coldness, infidelity/affairs, remarriage, step-parenting issues
 - Memory problems, distraction
 - Menstrual problems, PMS, menopause
 - Mood swings, pessimism
 - Perfectionism, self-esteem problems
 - Procrastination, laziness, work inhibitions
 - Relationship problems
 - Self-neglect, poor self-care
 - Sexual dysfunctions (desire, inhibition, etc.)
 - Shyness, sensitivity to criticism
 - Smoking/tobacco use
 - Suicidal thoughts
 - Suspiciousness
 - Withdrawal, isolation
- Any other concerns or issues? _____

Please look over those concerns you checked and highlight the one that you most want help with.

