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Adult Checklist of Concerns

Name: _____ **Date:** _____

Please mark all of the items that apply and add any additional items not listed at the end.

- | | |
|--|--|
| <input type="checkbox"/> Abuse – physical, sexual, emotional, elder, cruelty to animals | <input type="checkbox"/> Health, medical concerns |
| <input type="checkbox"/> Aggression, violence | <input type="checkbox"/> Inferiority feelings |
| <input type="checkbox"/> Alcohol Abuse | <input type="checkbox"/> Interpersonal conflicts |
| <input type="checkbox"/> Anger, hostility, arguing, irritability | <input type="checkbox"/> Impulsiveness, loss of control, outbursts |
| <input type="checkbox"/> Anxiety, nervousness | <input type="checkbox"/> Irresponsibility |
| <input type="checkbox"/> Attention, concentration, distractibility | <input type="checkbox"/> Judgment problems, risk taking |
| <input type="checkbox"/> Career concerns, goals, and choices | <input type="checkbox"/> Legal matters, law suits, charges |
| <input type="checkbox"/> Childhood issues (your own childhood) | <input type="checkbox"/> Loneliness |
| <input type="checkbox"/> Children, child management, child care, parenting | <input type="checkbox"/> Marital conflict, infidelity/affairs/remarriage/ blended families |
| <input type="checkbox"/> Codependence | <input type="checkbox"/> Memory problems |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Menstrual problems, PMS, menopause |
| <input type="checkbox"/> Compulsions | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Custody of children | <input type="checkbox"/> Motivation |
| <input type="checkbox"/> Decision making, indecision, mixed feelings, putting off decisions | <input type="checkbox"/> Nervousness, tension |
| <input type="checkbox"/> Delusions (false ideas) | <input type="checkbox"/> Panic or anxiety attacks |
| <input type="checkbox"/> Dependence | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Depression, low mood, sadness, crying | <input type="checkbox"/> Pessimism |
| <input type="checkbox"/> Divorce, separation | <input type="checkbox"/> Procrastination |
| <input type="checkbox"/> Drug use – prescription medications, over-the-counter medications, street drugs | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Eating Problems – over eating, under eating, appetite, vomiting | <input type="checkbox"/> School problems |
| <input type="checkbox"/> Emptiness | <input type="checkbox"/> Self-esteem |
| <input type="checkbox"/> Fatigue | <input type="checkbox"/> Self neglect, poor self-care |
| <input type="checkbox"/> Fears, phobia | <input type="checkbox"/> Sexual problems |
| <input type="checkbox"/> Financial troubles, impulsive spending, debt | <input type="checkbox"/> Stress, tension |
| <input type="checkbox"/> Friendships | <input type="checkbox"/> Suspiciousness |
| <input type="checkbox"/> Gambling | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Grieving, mourning, death, losses | <input type="checkbox"/> Temper, self control problems |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Thought disorganization and confusion |
| <input type="checkbox"/> Headaches | <input type="checkbox"/> Threats, violence |
| | <input type="checkbox"/> Weight, diet issues |
| | <input type="checkbox"/> Withdrawal, isolating |
| | <input type="checkbox"/> Work, employment problems, work holism |

Please review your concerns and circle the ones that you most want help with.