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Name_____
Date_____

List of Symptoms/Discomfort - Check all that apply (i.e. if you have felt anxious for as long as you can remember, check all time frames).

Symptom	**Last 2 weeks**	**Last month**	**Last 6 months**	**In your Lifetime**
Dizziness				
Chest pain				
Shortness of breath				
Loss of interest in pleasurable activities				
Decreased energy/fatigue				
Difficulty concentrating				
Difficulty organizing things				
Impulsivity (doing something in the moment you may regret later)				
Over or under eating				
Decrease appetite				
Using laxatives, diuretics or diet pills to lose weight				
Excessive or compulsive exercise				
Weight loss/gain				
Severe, frequent headaches				
Self-induced vomiting with or without ipecac				
Hopelessness				
Emptiness				
Sadness				
Tearfulness				
Guilt				
Anxiety/fear				
Panic (heart palp, sweating, shakiness, etc)				
Intense anger				
Avoidance of public places, crowds or groups of people				
Intense fear of a particular thing What? _____				
Oversleeping				
Under sleeping				
Decreased motivation				
Loss of interest in pleasurable activities				

Racing thoughts (lots of thoughts going through your mind w/difficulty stopping it)				
Suicidal thoughts				
Suicidal plans or attempts				
Homicidal thought				
Homicidal plans or attempts				

Seeing things others don't see				
Hearing things others don't hear				
Legal trouble				
Destroying property (your own or someone else's)				
Worrying a lot				
Talking unusually fast				
Loneliness/isolation				
Repetitive unwanted thought/actions				
Euphoria, feeling expansive or on top of the world				
Needing very little sleep				
Checking or washing things repeatedly to make sure they're in place or clean				
Recurrent nightmares				
Flashbacks				
Easily startled				
Feeling numb or nothing				
Discomfort with closeness or around other people				
Fear of being abandoned/left				
Difficulty getting along with others or maintaining relationships				
Suspiciousness of others or institutions				
Irritability				
Shifting or lack of sense of who you are				
Low self-esteem/opinion of yourself				
Difficulty learning things in school or elsewhere				

Other things you think it's important for me to know

_____

_____

_____

Any medical issues? (heart, diabetes, thyroid, menopause, etc.) List, if applicable_____

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Currently on any medications? What and what do they treat?

What are your strengths or best qualities?

What do you hope to get out of therapy/Goals for Treatment?

Comments: