Client name: _____
Completed by: _____

CURRENT SYPTOMS CHECK LIST

These symptoms may or may not be related to the problem which brings you in. However, they help me to plan your treatment.

Yes	No	
☐	☐	trouble going to sleep
☐	☐	restless sleep
☐	☐	waking up early and being unable to go back to sleep
☐	☐	sleeping to much
☐	☐	feeling guilty
☐	☐	depressive feelings that are worse in the mornings
☐	☐	thoughts of suicide
☐	☐	suicide attempts
☐	☐	fatigue or loss of energy
☐	☐	poor concentration or memory
☐	☐	decreased sex drive
☐	☐	feelings of restlessness
☐	☐	loss of pleasure in usual activities
☐	☐	loss of appetitie
☐	☐	feeling worthless
☐	☐	weight loss
☐	☐	weight gain
☐	☐	feelings of sadness or depression
☐	☐	withdrawal from others
☐	☐	palpitations
☐	☐	light headedness
☐	☐	sweating
☐	☐	trembling
☐	☐	sense of dread
☐	☐	muscle tension
☐	☐	chest pains
☐	☐	frequent urination
☐	☐	dizziness
☐	☐	panic attacks
☐	☐	shortness of breath
☐	☐	cold, clammy hands
☐	☐	afraid of losing control
☐	☐	avoiding certain situations

Yes	No	
☐	☐	Nausea, upset stomach, ulcers
☐	☐	headaches
☐	☐	itching
☐	☐	over eating
☐	☐	lower back pain
☐	☐	vomiting
☐	☐	hot or cold spells
☐	☐	numbness/tingling in parts of your body
☐	☐	allergy problems
☐	☐	high blood pressure
☐	☐	menstrual irregularity or distress
☐	☐	asthma attacks
☐	☐	hives
☐	☐	irritable bowels, constipation, diarrhea
☐	☐	tics
☐	☐	smoking
☐	☐	consumption of products high in sugar content/sugar cravings
☐	☐	eating disturbance
☐	☐	frequent cold or flu
☐	☐	minor accidents
☐	☐	sinus problems
☐	☐	grinding teeth, jaw tension, or pain
☐	☐	joint pain
☐	☐	metabolic sysfunction (thyroid prob., hypoglycemia, diabetes)
☐	☐	heart disease
☐	☐	uncontrollable habits
☐	☐	other: _____

Client name: ____

Yes	No	
☐	☐	arguing with others
☐	☐	feeling critical of others
☐	☐	feeling people dislike you
☐	☐	feeling shy or uneasy
☐	☐	wanting to be alone often
☐	☐	difficulty communicating what you really think or feel
☐	☐	feeling bored with others
☐	☐	feeling inadequate, less than others
☐	☐	others do not understand you
☐	☐	feeling lonely even when with others
☐	☐	others are inferior
☐	☐	others not meeting your needs
☐	☐	other relationship problems
☐	☐	marital problems
☐	☐	Custody Disputes
☐	☐	Violence in the Family
☐	☐	Legal Stressors
☐	☐	Death of a relative, friend, or pet
☐	☐	Financial Problems
☐	☐	Employment Problems
☐	☐	Housing Problems
☐	☐	Family Stressors
☐	☐	Persons using Drugs/alcohol
☐	☐	Other: (please explain) ____