

Adult Checklist of Concerns

Name:	Date:
	pply, and feel free to add any others at the bottom u may add a note or details in the space next to the
☐ I have no problem or concern bringing	me here
☐ Abuse—physical, sexual, emotional, n	eglect (of children or elderly persons), cruelty to
animals	
☐ Aggression, violence	
☐ Alcohol use	
☐ Anger, hostility, arguing, irritability	
☐ Anxiety, nervousness	
☐ Attention, concentration, distractibilit	у
☐ Career concerns, goals, and choices	
☐ Childhood issues (your own childhood)
☐ Codependence	
☐ Confusion	
☐ Compulsions	
☐ Custody of children	
☐ Decision making, indecision, mixed fee	elings, putting off decisions
☐ Delusions (false ideas)	
☐ Dependence	
☐ Depression, low mood, sadness, crying	
☐ Divorce, separation	

\square 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
☐ 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
☐ Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations,
disappointments
☐ Memory problems
☐ Menstrual problems, PMS, menopause
☐ Mood swings
☐ Motivation Jaziness

☐ 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
☐ 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

☐ 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. This is a strictly confidential patient medical record.