



Adult Checklist of Concerns

Client Name: _____

Please mark all of the items below that apply, and feel free to add any others at the bottom under “Any other concerns or issues.” You may add a note or details in the space next to the concerns checked.
(For a child, mark any of these and then complete the “Child Checklist of Characteristics.”)

- ☐ I have no problem or concern bringing me here
- ☐ Abuse—physical, sexual, emotional, neglect (of children or elderly), cruelty to animals
- ☐ Aggression, violence
- ☐ Alcohol use
- ☐ Anger, hostility, arguing, irritability
- ☐ Anxiety, nervousness
- ☐ Attention, concentration, distractibility Career concerns, goals, and choices Childhood issues (your own childhood)
- ☐ Children, child management, child care, parenting
- ☐ Codependence Confusion Compulsions Custody of children
- ☐ Decision-making, indecision, mixed feelings, putting off decisions
- ☐ Delusions (false ideas) Dependence
- ☐ Depression, low mood, sadness, crying
- ☐ Divorce, separation
- ☐ Drug use—prescription medications, over-the-counter medications, street drugs
- ☐ Eating problems—overeating, under eating, 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
- ☐ Inferiority feelings
- ☐ Interpersonal conflicts
- ☐ Impulsiveness, loss of control, outbursts
- ☐ Irresponsibility
- ☐ Judgment problems, risk taking Legal matters, charges, suits Loneliness
- ☐ Marital conflict, distance/Neediness, infidelity/affairs, remarriage
- ☐ Memory problems
- ☐ Menstrual problems, PMS, menopause
- ☐ Mood swings Motivation, laziness Nervousness, tension
- ☐ Obsessions, compulsions (thoughts or actions that repeat themselves) Oversensitivity to rejection
- ☐ Panic or anxiety attacks
- ☐ Perfectionism
- ☐ Pessimism
- ☐ Procrastination, work inhibitions, laziness
- ☐ Relationship problems



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- ☐ 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
 - ☐ Stress, relaxation, stress management, stress disorders, tension
 - ☐ Suspiciousness
 - ☐ Suicidal thoughts
 - ☐ Temper problems, self-control, low frustration tolerance
 - ☐ Thought disorganization and confusion
 - ☐ Threats, violence
 - ☐ Weight and diet issues
 - ☐ Withdrawal, isolating
 - ☐ Work problems, employment, workaholic/overworking, can't keep a job

Any other concerns or issues:

Please look back over the concerns you have checked off and choose the one that you most want help with. It is: This is a strictly confidential patient medical record. Law expressly prohibits redisclosure or transfer.