

Client _____

Date _____

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| Abuse: emotional, physical, sexual, verbal | Irresponsibility |
| Aggression, violence | Judgment problems, risk taking |
| Alcohol/other chemical abuse/dependency | Legal issues |
| Anger, hostility, irritability | Loneliness |
| Anxiety, nervousness, constant worry | Loss (identify) _____ |
| Attention, concentration, distractibility | Marital conflict, infidelity (circle) |
| Bullying others or being bullied | Memory difficulties |
| Career concerns, goals, choices | Menopausal or peri-menopausal issues |
| Childhood issues | Mood swings |
| Codependency in relationships | Motivation low |
| Confusion | Negativity (more often than not) |
| Compulsions, obsessions | Nervousness, worry |
| Critical of self or others | Obsessions (thoughts), compulsions (actions) |
| Custody issues | Panic or anxiety attacks |
| Decision making difficulty | Paranoia |
| Delusions (false beliefs) about self, others | Perfectionism |
| Dependency issues | Procrastination |
| Depression, low mood, sadness, tearful | Relationship issues |
| Divorce, separation | School, academic problems |
| Drug use (problem w/street or prescription) | Self-centeredness (no regard for others) |
| Eating issues (over- or under-eating) | Self esteem, self neglect (circle) |
| Emptiness | Sexual issues (dysfunction, conflict, abuse) |
| Failure, loss | Shyness, social difficulty, self-consciousness |
| Fatigue, tiredness, low energy | Sleep issues (too much, too little, insomnia) |
| Fears, phobias (identify) _____ | Smoking- tobacco, marijuana, etc. (circle) |
| Financial problems, overspending | Stressed, difficulty relaxing |
| Forgetfulness | Suspiciousness |
| Friendships, relationship conflicts | Suicidal thoughts - ideas, plan (circle) |
| Gambling | Temper, self-control issues |
| Grieving, mourning fr. death/divorce | Thought distortion, difficulty word finding |
| Guilt | Threats to others |
| Hallucinations (auditory, visual disturbances) | Traumatic experiences still affecting |
| Headaches, illness, chronic pain (circle) | Weight, diet issues |
| Hyperactivity | Withdrawal, isolating |
| Impulsivity (loss of control, outbursts) | Work conflict, workaholism |
| Inferiority, poor self esteem | Worry - conscious, unconscious |
| Interpersonal conflicts (work, school, home) | Other (list) _____ |
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| Please indicate in column to left of issue: | |
| X Issues that affect or concern you | |
| * Primary issue to work on in counseling | |
| ** Secondary issue | |