

### Checklist of Concerns

Name: \_\_\_\_\_ Date: \_\_\_\_\_

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.

- 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

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- \_ Irresponsibility
- \_ Judgment problems, risk taking
- \_ Legal matters, charges, suits
- \_ Loneliness
- \_ Marital conflict, distance/coldness, 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
- \_ 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, workaholism/overworking, can't keep a job

Any other concerns or issues:

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Tell me what your life will look like after you complete therapy

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How many sessions do you think it will take to get there? \_\_\_\_\_

This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.

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