Empowering Parents

PROBLEM LIST

CLIENT NAME: _____ DATE: _____

NAME OF PERSON COMPLETING FORM: _____

CURRENT SYMPTOMS:

- ☐ ANGER
- ☐ LOSS OF INTEREST IN WHAT I ENJOY
- ☐ DECREASED MOTIVATION
- ☐ EXCESSIVE WORRYING
- ☐ RACING THOUGHTS
- ☐ SLEEPING TOO MUCH
- ☐ FAMILY CONFLICT/DOMESTIC VIOLENCE
- ☐ INATTENTION/POOR CONCENTRATION
- ☐ HYPERACTIVITY
- ☐ DIFFICULTY FALLING/STAYING ASLEEP
- ☐ IRRITABILITY
- ☐ LOW SELF-ESTEEM
- ☐ SADNESS
- ☐ RECENT SUICIDE ATTEMPT
- ☐ THOUGHTS OF HARMING SELF/OTHERS
- ☐ TIREDNESS
- ☐ HOPELESSNESS
- ☐ HELPLESSNESS
- ☐ CRYING SPELLS
- ☐ FLASHBACKS
- ☐ NIGHTMARES/TERRORS
- ☐ FEAR OR ANXIETY AROUND OTHERS
- ☐ AFRAID TO LEAVE HOME
- ☐ FEAR OF PLACES, CROWDS, ETC.
- ☐ SEPERATION ANXIETY
- ☐ DIFFICULTY MAKING OR KEEPING FRIENDS
- ☐ VICTIM OF CRIME
- ☐ WITHDRAW FROM OTHERS
- ☐ FIRE SETTING
- ☐ BEHAVIORAL ISSUES AT HOME OR SCHOOL
- ☐ SEXUAL PROBLEMS (medical)
- ☐ STEALING
- ☐ IMPULSIVITY
- ☐ EXCESSIVE STRESS/ANXIETY/PANIC
- ☐ INAPPROPRIATE SEXUALIZED BEHAVIOR
- ☐ SEXUAL CONTACT WITH SIBLINGS
- ☐ SEXUAL CONTACT WITH PEERS
- ☐ MOOD REGULATION ISSUES
- ☐ DRUG USAGE/ADDICTION ISSUES
- ☐ ALCOHOL USAGE/ADDICTION ISSUES
- ☐ GAMBLING ADDICTION (HARD TIME STOPPING)
- ☐ SEXUAL/PORN ADDICTION
- ☐ FEAR OR HARM OF DOMESTIC ANIMALS
- ☐ ATTACHMENT/BONDING ISSUES TO OTHERS
- ☐ SEPERATION FROM CAREGIVERS
- ☐ DIFFICULTY GETTING ALONG WITH OTHERS
- ☐ SELF SABATOGING BEHAVIORS
- ☐ HAS WITNESSED A TRAUMATIC EVENT
- ☐ HAS BEEN PHYSICALLY ABUSED
- ☐ HAS BEEN SEXUALLY ABUSED
- ☐ HAS BEEN IN A NEGLECTFUL SITUATION
- ☐ CUTTING BEHAVIOR-PAST OR PRESENT
- ☐ EMPLOYMENT/EMPLOYER ISSUES

- ☐ HEARING SOUNDS OR VOICES OTHERS DON'T HEAR
- ☐ RECURRING UNWANTED THOUGHTS
- ☐ PARANOIA
- ☐ SEEING THINGS THAT OTHERS DON'T SEE
- ☐ OTHERS ARE OUT TO GET ME

- ☐ CHRONIC PAIN
- ☐ HEADACHES
- ☐ NAUSEA
- ☐ HEART RACING OR PALPATATIONS
- ☐ SLOW HEART BEAT
- ☐ STOMACH ACHES
- ☐ EXCESSIVE SWEATING
- ☐ SIGNIFICANT MEDICAL CONCERNS
- ☐ WEIGHT GAIN
- ☐ WEIGHT LOSS
- ☐ CONCERNS ABOUT WEIGHT
- ☐ SHORTNESS OF BREATH
- ☐ CONCERNS ABOUT APPEARANCE
- ☐ FREQUENT DIETING
- ☐ ANOREXIA/BULEMIA ISSUES
- ☐ COMPLIANCE ISSUES WITH MEDICATION

PLEASE LIST ANY PROBLEMS THAT YOU WANT THERAPIST TO BE AWARE OF:

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