INDIVIDUAL CONCERNS

NAME_____DATE _____

Circle the following terms which pertain to you or any of your family members. Indicate concerns for yourself with a "S" and concerns for family members with a "F".

Nervousness	Health Problems	Marital Problems	Drug Usage
Shyness	Stomach Problems	Divorce	Alcohol Usage
Anger	Bowel Problems	Separation	Financial Problems
Loneliness	Depression	Affair	Problems w/friends
Frustration	Headaches	Problems w/ex	Can't have fun
Temper	Memory loss	Stress	Tiredness
Self-Control	Sleeping problems	Grief	Children
Insecurity	Nightmares	Parenting problems	Career choices
Fears	No ambition	Relationship problems	Problems w/parents
Panic attacks	Eating problems	Legal problems	Chronic pain
Isolation	Suicidal thoughts	Work problems	School problems
Can't concentrate	Lack of energy	Difficulties in decision-making	

List any medical problems you have:

If you have noticed any recent changes in the following areas, please circle those changes

A) Vision, hearing, coordination, balance, strength, speech, memory, or thinking
B) Energy, sleeping, eating, elimination, menstrual cycle, or sexual activity

List all medications you are taking: _____

Have you ever been physically, sexually, or emotionally abused? No Yes

Have you ever been hospitalized for mental or nervous problems? No Yes

If yes, when and where?

_____

_____

Are you suicidal now? No Yes

How often do you drink alcohol? _____

Have you ever been arrested for driving under the influence (DUI)? No Yes

If yes, how many times? _____

Do you use drugs? No Yes

If yes, what drugs do you use and how often? _____

Do you have any concerns about drug or alcohol usage by any members of your family? Who?

_____

Have you ever been arrested? No Yes

If yes, how many times and for what? _____

Are you currently involved or do you expect to be involved in any court related matters? No Yes

If yes, please describe _____

Do you consider yourself to be spiritual or religious? No Yes

If yes, please describe your faith or belief? _____

Do you want your faith as part of your therapy? No Yes

What is going on in your life, your marriage or family that brings you to therapy?

What kinds of stressors are you experiencing right now?

What important things about you, your marriage or family would be helpful for your therapist to know? (i.e. illnesses, handicaps, deaths, divorces, school/job changes, suicide/suicidal attempts)