

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)
