

REVIEW OF PRESENTING CONCERNS

The following is a list of feelings, thoughts, events and actions. Put a check by all that are currently true and/or a check by all that have been true in the past.

Depression: ___ current; ___ past:

Hopelessness: ___ current; ___ past:

Anxiety/Worry: ___ current; ___ past:

Panic Attacks: ___ current; ___ past:

Fear of going to
social gatherings: ___ current; ___ past:

Phobias: ___ current; ___ past:

Repetitive thoughts,
urges, images: ___ current; ___ past:

Repetitive habits:
(counting, checking,
ordering,
arranging) ___ current; ___ past:

Perfectionism: ___ current; ___ past:

Relationship troubles: ___ current; ___ past:

Anger outbursts: ___ current; ___ past:

Irritability: __ current; __ past:

Abuse or Neglect: __current; __ past:

Loss or trauma: __ current; __past:

Suicidal Thoughts: __current: __past:

Suicide Attempt: __current; __past:

Self-Harm Behaviors: __current; __past:
(cutting, burning
scaring)

Homicidal Thoughts: __ current: __past:

Restricting Food: __ current; __past:

Binging on Food: __current; __past:

Sleep Difficulties: __current; __past:

Decreased need for
sleep accompanied by
ample energy: __current; __past:

Racing thoughts: __current; __past:

Easily Distracted: __current; __past:

Unusual Experiences: __current; __past:

Drinking too much: __current; __past:

Using/Abusing drugs: __current; __past:

Legal difficulties: __current; __past:

Financial difficulties: __current; __past: