CURRENT CONCERNS & HISTORY

Name:_____ Date: _____

Current Concerns: Please list the major issues or problems that you would like to discuss. Then, rate the severity of each one according to the scale below:

----1------2------3------4------5------6------7-------8------9------10----
Not a Problem Mild Moderate Severe Couldn't be worse

Rating

1) _____ _____

2) _____ _____

3) _____ _____

Briefly describe what motivated you to seek therapy now, rather than some time earlier or later:

What do you hope to get from coming to therapy?

(use the back of this page or an additional sheet, as needed)

Put a check by the statements that apply to you, indicating whether the experience is happening now, or in the past, or both. Feel free to include additional information in the comment boxes or on the back of the page.

Now	Past		Now	Past	
☐	☐	1. I feel depressed or sad.	☐	☐	2. I can't concentrate.
☐	☐	3. I've felt depressed most days for at least 6 months.	☐	☐	4. I've lost interest in activities that used to be enjoyable.
☐	☐	5. I feel irritable or agitated.	☐	☐	6. It's been difficult get moving.
☐	☐	7. I feel hopeless.	☐	☐	8. I feel guilty.
☐	☐	9. It's difficult to make decisions.	☐	☐	10. I keep thinking of dying.
☐	☐	11. I think of how to commit suicide.	☐	☐	12. Low energy nearly every day.
☐	☐	13. Recently, my weight has changed without my trying. _____ lbs.	☐	☐	14. Something in particular has caused my sadness or depression.
☐ ☐		15. I've felt very sad for at least 2 weeks and: a. It's happened before b. This is the only time	☐ ☐ ☐	☐ ☐ ☐	16. Sleep problems: a. I can't fall asleep b. I wake up too early c. I sleep too much
☐	☐	17. At times, I want to hurt myself. I have done this in the past.	☐	☐	18. My low mood sometimes switches to feeling really up, or irritable.
☐	☐	19. Sometimes thoughts race through my head and I can't slow my mind down.	☐	☐	20. Sometimes I do things that are unusual for me, or others think are foolish or risky.
☐	☐	21. I've felt so good or hyper that people thought I wasn't my normal self or I got in trouble.	☐	☐	22. I've had periods where I got less sleep than usual and found I didn't miss it.
☐	☐	23. Sometimes I just start to feel afraid.	☐	☐	24. My heart pounds &/or races.

Additional comments for items 1 - 24:

Now/Past			Now/Past		
☐	☐	25. I feel nervous, anxious, or on edge.	☐	☐	26. I can't stop or really control worrying.
☐	☐	27. I worry too much about all sorts of different things.	☐	☐	28. Sometimes I feel afraid that something awful might happen.
☐	☐	29. I have trouble relaxing.	☐	☐	30. I'm easily annoyed or irritated.
☐	☐	31. Sometimes I feel like I'm watching a movie, or that things are unreal.	☐	☐	32. Sometimes I feel like I'm losing control or going crazy.
☐	☐	33. I sometimes feel dizzy or unsteady.	☐	☐	34. I get numbness or tingling sensations.
☐	☐	35. I have had panic attacks.	☐	☐	36. Sometimes I can't get my breath.
☐	☐	37. I avoid doing certain things that make me uncomfortable or tense.	☐	☐	38. I get tense or worried in some social situations or with certain people.
☐	☐	39. I really don't like to do a specific activity or action. (ex: Flying)	☐	☐	40. I fear or avoid some performance situations (ex. taking tests)
☐	☐	41. I feel like I must do certain actions, like hand washing, over and over.	☐	☐	42. I have particular thoughts or images coming back to my mind over and over.
☐	☐	43. I get tired very easily.	☐	☐	44. I can't take much stress.
☐	☐	45. I've been worried or anxious most of the time in the last six months.	☐	☐	46. I get chest pains &/or stomach upsets.
Additional comments for items 25 -46:					
☐	☐	47. I had an experience where I was harmed or felt in danger, or I saw it happen to someone else.	☐	☐	48. Afterward, I began experiencing images, dreams, thoughts or "flashbacks" about the event.
☐	☐	49. I avoid anything that reminds me of this experience.	☐	☐	50. Usually I just do not want to talk about the event.
☐	☐	51. Sometimes when I think I should be emotional, I just feel numb.	☐	☐	52. Sometimes I feel detached; like I am observing my feelings.
Additional comments for items 47 - 52:					
☐	☐	53. I have trouble finishing things.	☐	☐	54. I often fidget or squirm.
☐	☐	55. I have trouble getting started on big projects or tasks with lots of steps.	☐	☐	56. I have a hard time getting organized or keeping myself organized.
☐	☐	57. I have trouble remembering appointments or things to do.	☐	☐	58. I feel restless or like I always need to be doing something.
Additional comments for items 53 - 58:					
☐	☐	59. I have gone on eating binges where I can't stop.	☐	☐	60. I think a lot about being fat.
☐	☐	61. I think about food too much.	☐	☐	62. I get the impulse to throw up.
Additional comments for items 59 - 62:					
☐	☐	63. I have had six or more drinks on one occasion, at least once.	☐	☐	64. I/someone else has been injured as a result of my drinking or drug use.
☐	☐	65. At least once during the last year, I haven't been able to remember what happened when I was drinking.	☐	☐	66. Occasionally I haven't able to do what's normally expected of me because I'd been drinking or getting high.
☐	☐	67. I've had feelings of regret or guilt after drinking/getting high.	☐	☐	68. Someone else has suggested I cut down/stop my drinking/drug use.
Additional comments for items 63 - 68:					

Alcohol use, prescription drug <u>abuse</u>, and/or recreational drug use history:

	Current	Past	Date Last Use	Age 1st use	Problems?
Alcohol	☐	☐			
Marijuana	☐	☐			
Cocaine	☐	☐			
Speed	☐	☐			
Heroin/Opiates	☐	☐			
Hallucinogens	☐	☐			
Ecstacy/MDMA, etc.	☐	☐			
Prescription drugs taken <u>other</u> than prescribed, i.e., pain pills, ADD meds, etc.	☐	☐			
Other:	☐	☐			

69. How much is this drinking/drug use affecting your current concerns?

70. Please describe any family history of alcohol/drug problems or mental health problems (depression, bipolar/manic-depression, anxiety, ADHD).

71. Please list any over-the-counter medications, vitamins, herbal supplements or other methods you've used to help with these problems.

72. How many & what type of caffeinated drinks (coffee, sodas, energy drinks, etc.) do you have on a typical day?

73. If you smoke cigarettes, how many a day, and for how long have you smoked?

74. How many times a week do you exercise, and what do you usually do?

75. What else is important to know about you or your situation?