

THE THERAPY PLACE

7200 W 13th Street North , Ste. 105 Wichita, KS 67212-2943 Phone (316) 516-7269

INDIVIDUAL CONCERNS

Name	Date
------	------

Please check any of the following terms that apply to you (S-Self) or to a family member (F-Family).

S	F		S	F		S	F	
		Depressed Mood			Significant ongoing physical pain			Alcohol Usage
		Lost interest or pleasure			Stomach problems			Drug Usage
		Lack of energy/fatigue			Headaches			Marital Problems
		Weight gain / loss (circle one)			Bowel problems			Divorce
		Unable to concentrate			Balance problems			Separation
		Excessive Sleeping			Seizure problems			Affair
		Difficulty Sleeping			Learning / Academic problems			Problems w/ Ex-Spouse
		Decreased need for sleep			Stuttering problems			Relationship problems
		Pressure to keep talking			Frequent problems w/ attention			Parenting problems
		Racing thoughts			Frequent "on the go" behavior			Problems with friends
		Excessive risk-taking behavior			Impulsive behaviors			Problems with children
		Panic attacks			Temper			Legal problems
		Excessive fear of object or situation			Aggressive behavior toward others			Work/job problems
		Recurring thoughts or impulses			Destructive behaviors			Financial problems
		Repetitive behaviors to reduce stress			Frequent lying/deceitfulness			School problems
		Witness / Experience traumatic event			Problems following rules			Shyness
		Excessive anxiety or worry			Sexual problems			Anger
		Hear or see things others do not (circle one or both)			Nightmares			Loneliness
		Memory problems / Loss (circle one or both)			Gambling problems			Insecurity
		Suicidal thoughts			Pornography			Isolation

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

Vision Hearing Coordination Balance Strength Speech Memory
 Energy Sleeping Menstrual Cycle Eating Sexual Activity Thinking

THE THERAPY PLACE

7200 W 13th Street North , Ste. 105 Wichita, KS 67212-2943 Phone (316) 516-7269

List any medical or mental health diagnoses you currently have _____

List all medications you are currently taking

Medication	Dosage	Prescribed by	Date Prescription Began

List any counseling or therapy you have received or are currently receiving

Therapist Name	Place	Date
_____	_____	_____
_____	_____	_____

Have you ever been hospitalized for mental or nervous problems? NO YES

If yes, when and where? _____

Have you ever been physically, emotionally, or sexually abused? NO YES

If yes, briefly describe _____

Have you ever attempted suicide? NO YES

If yes, when, where, and how many attempts? _____

Are you suicidal now? NO YES

Do you drink alcohol? NO YES If yes, what is your typical drink and how often do you drink? _____

Do you use drugs? NO YES If yes, what drugs and how often do you use? _____

THE THERAPY PLACE

7200 W 13th Street North , Ste. 105 Wichita, KS 67212-2943 Phone (316) 516-7269

Are you currently involved or expect to be involved in any court-related matters? NO YES

If yes, please describe _____

What brings you to therapy? _____

What kinds of stressors are you experiencing right now? _____

What important things would be helpful for your therapist to know? (i.e. illness, handicaps, deaths, divorces, school/job changes, suicide) _____

Do you have any concerns about violence or abuse in your family? NO YES

If yes, please describe _____

Do you have any concerns about alcohol or drug usage in your family? NO YES

If yes, please describe _____
