Believe IN Therapy

Name: **Date:**

PLEASE CHECK ALL THAT APPLY

- ☐ Academic concerns
- ☐ Abuse
- ☐ Abused by others
- ☐ Abuse of others
- ☐ Aggression
- ☐ Anger
- ☐ Irritability
- ☐ Anxiety
- ☐ Feeling tense
- ☐ Phobias/fears
- ☐ Recurring thoughts
- ☐ Panic attacks
- ☐ ADD/ADHD
- ☐ Distractibility
- ☐ Impulsivity
- ☐ Physical concerns
- ☐ Chest pains
- ☐ Heart palpitations
- ☐ Chronic pain
- ☐ Fatigue
- ☐ Dizziness
- ☐ Hypertension
- ☐ Trembling
- ☐ Often sick
- ☐ Frequent upset stomach
- ☐ IBS
- ☐ Sleep problems
- ☐ Problems with food
- ☐ Eating Disorder
- ☐ Depression
- ☐ Ideas of harming self
- ☐ Suicidal thoughts
- ☐ Ideas of harming others
- ☐ Mood swings
- ☐ Hopelessness
- ☐ Often feeling sad or depressed
- ☐ Poor self-concept
- ☐ Ill at ease/shy with others
- ☐ Lack of real friends
- ☐ Isolating self
- ☐ Low self esteem
- ☐ Blaming or criticizing self
- ☐ Anti-social behavior
- ☐ Concerns about family members
- ☐ Parental concerns
- ☐ Child or step-child concerns
- ☐ Sibling concerns
- ☐ An important loss
- ☐ Sexual concerns
- ☐ Relationship problems
- ☐ Financial concerns
- ☐ Others' alcohol or drug abuse
- ☐ Thought processes
- ☐ Disorganized thoughts
- ☐ Disorientation
- ☐ Memory impairment
- ☐ Judgment errors
- ☐ Things around you seem surreal
- ☐ Hallucinations
- ☐ Drug use: Explain_____
- ☐ Alcohol use: Never Sometimes Frequently
- ☐ Tobacco use: Daily Occasional Trying to quit
- ☐ Exercise? Rarely Sometimes Frequently
- ☐ Involved in a church community?(List)

_____

- ☐ Any recent upsetting event? Explain:

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