Personal Assessment - Identification of Problem Areas

 In addition to the symptoms/problems listed, please let us know of any other physical problems or health concerns you may have. Describe any significant life events that may be influencing your current problem(s). (Examples: past abuse loss of family member, divorce): What are your goals for psychotherapy? 	Name:		Date:			
Appetite Disruption Paranoia Paranoia Decreased Energy Phobias Depressed Mood Legal Contact Disruption of Thoughts Poor Judgement Elevated Mood School/Home/Community Issues Financial Issues Self-Injury Sexual Issues Substance Abuse Substance	Describ	pe current symptoms/problems:				
Appetite Disruption		Anxiousness	П	Panic Attacks		
Depressed Mood		Appetite Disruption	_			
Depressed Mood		Decreased Energy	_			
Disruption of Thoughts		Depressed Mood	_			
Elevated Mood		Disruption of Thoughts		_		
Financial Issues Setf-Injury Sexual Issues Sexual Issues Sexual Issues Sexual Issues Secupational Problems Sexual Issues Sleeplessness Inattention Problems Relationship Problems Homicidal Gender Identity/Orientation Hopelessness Hallucinations Hyperactivity Substance Abuse Impaired Concentration Suicidal Impaired Memory Tearful Impulsiveness Violence Irritability Worthlessness Manic Guilt Marital Issues Oppositional Obsessions/Compulsions Other Obsessions/Compulsions Other Distractibility Severity of Symptoms: Mild (>2 weeks) Moderate (2-4 weeks) Severe (1-6 months) Please answer the following questions that apply to you. Your answers will help us understand and address you concerns. 1. In addition to the symptoms/problems listed, please let us know of any other physical problems or health concerns you may have. 2. Describe any significant life events that may be influencing your current problem(s). (Examples: past abuse loss of family member, divorce): 3. What are your goals for psychotherapy? 4. What do you anticipate as barriers/strengths toward progress? Barriers:		Elevated Mood	_		sues	
Parenting		Financial Issues				
Inattention Problems		Parenting				
Inattention Problems		Occupational Problems		Sleeplessness		
Hopelessness		Inattention Problems				
Hyperactivity		Homicidal		Gender Identity/Orientation		
Impaired Concentration		Hopelessness		Hallucinations		
Impaired Memory Tearful Impulsiveness Violence Irritability Worthlessness Manic Guilt Oppositional Obsessions/Compulsions Other Distractibility Severity of Symptoms: Mild (> 2 weeks) Moderate (2-4 weeks) Severe (1-6 months) Please answer the following questions that apply to you. Your answers will help us understand and address you concerns. 1. In addition to the symptoms/problems listed, please let us know of any other physical problems or health concerns you may have. 2. Describe any significant life events that may be influencing your current problem(s). (Examples: past abuse loss of family member, divorce):		Hyperactivity		Substance Abuse		
Impulsiveness Violence Irritability Worthlessness Guilt Worthlessness Guilt Oppositional Obsessions/Compulsions Other Other Oserity of Symptoms: Mild (>2 weeks) Moderate (2-4 weeks) Severe (1-6 months) Please answer the following questions that apply to you. Your answers will help us understand and address you concerns. 1. In addition to the symptoms/problems listed, please let us know of any other physical problems or health concerns you may have. 2. Describe any significant life events that may be influencing your current problem(s). (Examples: past abuse loss of family member, divorce):				Suicidal		
Irritability				Tearful		
Manic Guilt Oppositional Other Other		•		Violence		
Marital Issues Oppositional Other				Worthlessness		
Obsessions/Compulsions Distractibility Severity of Symptoms: Mild (>2 weeks) Moderate (2-4 weeks) Severe (1-6 months) Please answer the following questions that apply to you. Your answers will help us understand and address you concerns. 1. In addition to the symptoms/problems listed, please let us know of any other physical problems or health concerns you may have. 2. Describe any significant life events that may be influencing your current problem(s). (Examples: past abuse loss of family member, divorce): 3. What are your goals for psychotherapy? 4. What do you anticipate as barriers/strengths toward progress? Barriers: Barriers:				Guilt		
Severity of Symptoms:				Oppositional		
Severity of Symptoms:		•		Other		
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 loss of family member, divorce):	concer	rns. ddition to the symptoms/problems			•	
4. What do you anticipate as barriers/strengths toward progress? Barriers:		, -	-		, , , , , , , , , , , , , , , , , , , ,	
Barriers:	3. Wha	at are your goals for psychotherap	y?			
	4. Wha	at do you anticipate as barriers/str	engths towa	rd progress?		
	Bar	rriers:				

Thank you for completing this questionnaire. Please give this form to your counselor when you are finished.