

Date _____

These symptoms may or may not be related to the problem which brings you in to see me. However, they help us plan your treatment.

- A. trouble going to sleep
 restless sleep
 waking up early and being unable to go back to sleep
 sleeping too much
 feeling guilty
 depressive feelings that are regularly worse in morning/evening
 thoughts of suicide
 having made suicide attempts
 fatigue or loss of energy
 poor concentration/memory
 decreased sex drive
 significant feelings of restlessness
 loss of pleasure in usual activities
 feeling worthless
 appetite loss
 weight loss
 weight gain
 feelings of sadness or depression
 withdrawing from others
- B.
 frequent urination
 palpitations
 light headedness
 sweating
 trembling
 sense of dread
 muscle tension
 chest pains
 avoiding certain situations
 dizziness
 panic attacks
 shortness of breath
 cold clammy hands
 afraid of losing control
- C.
 overeating
 nausea, upset stomach, ulcers
 headaches
 itching
- vomiting
 hot or cold spells
 numbness or tingling in parts of your body
 allergy problems
 high blood pressure
 menstrual irregularity or distress
 asthma attacks
 hives
 irritable bowels, constipation
diarrhea
 tics
 smoking
 high intake of sugar/ cravings
 eating disorders
 frequent flu or colds
 minor accidents
 sinus problems
 thyroid problem, diabetes
hypoglycemia,
 heart disease
 uncontrollable habits
 lower back pain
 other _____
- D.
 arguing with others
 feeling critical of others
 feeling people dislike you
 feeling shy or uneasy
 wanting to be alone often
 difficulty communicating what you really think or feel
 feeling bored with others
 feeling inadequate, less than others
 others do not understand you
 feeling lonely even when others
 others are inferior to you
 others not meeting your needs
 other relationship problems