SYMPTOMS AND PROBLEMS

Dr. Scott Cabot Willis

NAME:____**DATE:**______________

SYMPTOM & PROBLEM LIST: Please check all that are a current concern or problem

___no energy
___cannot enjoy life
___memory problems
___anxiety
___fatigue
___anger outbursts
___shortness of breath
___sweating
___hot flashes
___relives past event
___no loving feelings
___fears
___chest pains
___decisions difficult
___racing thoughts
___foolish business investments
___hard to make friends
___work problems
___out of control behavior
___takes pain killers often
___mood swings
___unusual experiences
___physical numbness
___panic attacks
___vomiting
___miscarriage
___impaired vision
___back pain
___drug use
___insomnia
___disturbing memories
___low self-esteem
___poor appetite
___headaches
___nightmares
___heart palpitations
___clammy hands
___startles easily
___flashbacks
___hopeless feelings
___sexual difficulties
___suicidal thoughts
___overly confident
___distractibility
___sexual indiscretions
___socially withdrawn
___eating disorder
___drinks alcohol
___seeing things
___excess energy
___unsure of reality
___wish to die
___confusion
___weight change
___abortion
___impaired hearing
___muscle spasms
___tremors
___depressed
___guilt feelings
___poor concentration
___overeating
___dizziness
___unwanted thoughts
___racing heart
___stomach problems
___sleeps too much
___always on guard
___apathetic
___numbing out
___distrustful
___pressured speech
___buying sprees
___high risk activities
___family arguments
___often physically sick
___hearing voices
___losing track of time
___slowed thinking
___physical violence
___unsure of identity
___seizures
___pregnancy
___sporadic dieting
___blackouts/fainting
___hypertension
___hallucinations

BRIEFLY DESCRIBE WHY YOU HAVE COME:

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LIST YOUR GOALS FOR THERAPY:

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