

During the last two months, I have experienced:

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|--|-----------------------------|---------------------------------|
| ____ depression | ____ sleep disturbance | ____ racing thoughts |
| ____ anxiety | ____ eating disturbance | ____ uncontrollable impulses |
| ____ suicidal thoughts | ____ panic attacks | ____ flashbacks |
| ____ relationship problems | ____ difficulties at work | ____ irritability |
| ____ addiction issues | ____ trouble concentrating | ____ obsessive thoughts |
| ____ legal trouble | ____ disturbing dreams | ____ memory loss or disturbance |
| ____ sexual problems | ____ self-injuring behavior | ____ my behavior worries others |
| ____ difficulty regulating my emotions | | |

Previous mental health conditions for which you have sought treatment:

Previous therapists:

Mental health issues in extended family (parents, grandparents, children, siblings, etc.):

Signature:

Date: