Client Problem Checklist (Adult)

Name: __________________________________________ Date: __________________________

Please mark all of the items below that apply, and feel free to add any others at the bottom under “Any other concerns or issues.” You may add a note or details in the space next to the concerns checked.

- Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals
- Aggression, violence
- Alcohol use
- Anger, hostility, arguing, irritability
- Anxiety, nervousness
- Attention, concentration, distractibility
- Career concerns, goals, and choices
- Childhood issues (your own childhood)
- Codependence
- Confusion
- Compulsions
- Custody of children
- Decision making, indecision, mixed feelings, putting off decisions
- Delusions (false ideas)
- Dependence
- Depression, low mood, sadness, crying
- Divorce, separation
- Drug use (prescription medications, over-the-counter medications, street drugs)
- Eating problems (overeating, under-eating, appetite)
- Failure
- Fatigue, tiredness, low energy
- Fears, phobias
- Feeling of emptiness
- Financial or money troubles, debt, impulsive spending, low income
- Friendships
- Gambling
- Grieving, mourning, deaths, losses, divorce
- Guilt
- Headaches, other kinds of pains
- Health, illness, medical concerns, physical problems
- Inferiority feelings
- Impulsiveness, loss of control, outbursts
- Irresponsibility
- Judgment problems, risk taking
☐ Legal matters, charges, suits
☐ Loneliness
☐ Marital conflict (distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments)
☐ Memory problems
☐ Menstrual problems, PMS, menopause
☐ Mood swings
☐ Motivation, laziness
☐ Nervousness, tension
☐ Obsessions, compulsions (thoughts or actions that repeat themselves)
☐ Oversensitivity to rejection
☐ Pain, chronic
☐ Panic or anxiety attacks
☐ Parenting, child management, single parenthood
☐ Perfectionism
☐ Pessimism
☐ Procrastination, laziness
☐ Relationship problems (with friends, with relatives, or at work)
☐ School problems
☐ Self-centeredness
☐ Self-esteem
☐ Self-neglect, poor self-care
☐ Sexual issues, dysfunctions, conflicts, desire differences
☐ Shyness, oversensitivity to criticism
☐ Sleep problems (too much, too little, insomnia, nightmares)
☐ Smoking and tobacco use
☐ Spiritual, religious, moral, ethical issues
☐ Stress, relaxation, stress management, stress disorders, tension
☐ Suspicousness, distrust
☐ Suicidal thoughts
☐ Temper problems, self-control, low frustration tolerance
☐ Thought disorganization and confusion
☐ Threats, violence
☐ Weight and diet issues
☐ Withdrawal, isolating
☐ Work problems, employment, workaholic/overworking, can’t keep a job, dissatisfaction, ambition

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Client failed to complete this form: ___________________________________________ Therapist's Signature __________________________ Date ________________

Client: ___________________________ DOB: ___________ Medicaid #: ___________________________