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Checklist of Concerns

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 or note details in the space next to the concerns checked.

- ☐ Abuse—physical, sexual, emotional, neglect (of yourself or someone else)
- ☐ Aggression, violence
- ☐ Alcohol use
- ☐ Anger, hostility, arguing, irritability
- ☐ Anxiety, nervousness
- ☐ Attention, concentration, distractibility
- ☐ Career concerns, goals, and choices
- ☐ Childhood issues (your own childhood)
- ☐ Codependence
- ☐ Compulsions
- ☐ Decision making, indecision, mixed feelings, putting off decisions
- ☐ Depression, low mood, sadness, crying
- ☐ Divorce, separation
- ☐ Drug use—prescription medications, over-the-counter medications, street drugs
- ☐ Eating problems—overeating, under-eating, appetite, vomiting, emptiness
- ☐ Failure
- ☐ Fatigue, tiredness, low energy
- ☐ Fears, phobias
- ☐ Financial or money troubles, debt, impulsive spending, low income
- ☐ Gambling
- ☐ Grieving, mourning, deaths, losses, divorce
- ☐ Headaches, other kinds of pains
- ☐ Health, illness, medical concerns, physical problems
- ☐ Inferiority feelings
- ☐ Interpersonal conflicts
- ☐ Impulsiveness, loss of control, outbursts
- ☐ Judgment problems, risk taking
- ☐ Legal matters, charges, suits
- ☐ Loneliness
- ☐ Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations
- ☐ Menstrual problems, PMS, menopause
- ☐ Mood swings
- ☐ Motivation, laziness

- ☐ Obsessions, compulsions (thoughts or actions that repeat themselves)
- ☐ Over sensitivity to rejection
- ☐ Panic or anxiety attacks
- ☐ Parenting, child management
- ☐ Perfectionism
- ☐ Procrastination, work inhibitions, laziness
- ☐ Pregnancy (infertility, miscarriage, termination/abortion)
- ☐ School problems
- ☐ Self-esteem
- ☐ Self-harm (cutting, burning, etc.)
- ☐ Self-neglect, poor self-care
- ☐ Sexual issues, dysfunctions, conflicts, desire differences, gender concerns, other
- ☐ Shyness, over sensitivity 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
- ☐ Suicidal thoughts
- ☐ Weight and diet issues
- ☐ Withdrawal, isolating
- ☐ Work problems, employment, workaholism/overworking, can't keep a job, dissatisfaction, ambition
- ☐ Any other concerns or issues:

Please look back over the concerns you have checked off and choose the one that you most want help with.

It is:

Signature of Client

 /

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Date

Signature of Legal Guardian, if needed

 /

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Date