Please take a few minutes to fill out this form in preparation for your appointment. For all symptoms, please indicate if experiencing currently and/or if exhibited in the past. Feel free to add additional comments on the right side as needed.

**MOOD**

Spends most of the day sad and depressed

Current Past Current and Past Denies

Lack of interest in things that used to be enjoyed

Current Past Current and Past Denies

Fixation with the idea of death or suicide

Current Past Current and Past Denies

Extremely low self-esteem

Current Past Current and Past Denies

Overly tired or lack of energy for no apparent reason

Current Past Current and Past Denies

Irritability

Current Past Current and Past Denies

Hopelessness/helplessness

Current Past Current and Past Denies

Increase or decrease in appetite

Current Past Current and Past Denies

Weeping/crying spells

Current Past Current and Past Denies

Lack of motivation

Current Past Current and Past Denies

Slowed movements

Current Past Current and Past Denies

Deterioration in hygiene/grooming

Current Past Current and Past Denies

Trouble concentrating

Current Past Current and Past Denies

Forgetfulness/trouble with memory

Current Past Current and Past Denies

Mood swings

Current Past Current and Past Denies

Volatile/erratic moods

Current Past Current and Past Denies

Anger/rage outbursts

Current Past Current and Past Denies

Racing thoughts/difficult for others to follow

Current Past Current and Past Denies

Talking fast

Current Past Current and Past Denies

Increased energy/activity at time

Current Past Current and Past Denies

Sleep disturbances

Current Past Current and Past Denies

Inflated/grandiose thinking

Current Past Current and Past Denies

Impulsivity

Current Past Current and Past Denies

Sexual impulsivity

Current Past Current and Past Denies

Financial impulsivity

Current Past Current and Past Denies

High risk behavior

Current Past Current and Past Denies

**ANXIETY**

Unable to control excessive worries

Current Past Current and Past Denies

Feeling always on edge

Current Past Current and Past Denies

Trouble going to sleep or staying asleep

Current Past Current and Past Denies

Suffers from physical ailments where there is no apparent cause

Current Past Current and Past Denies

Unable to be calm and relaxed

Current Past Current and Past Denies

Excessive concern with appearance

Current Past Current and Past Denies

Feel anxious/nervous often

Current Past Current and Past Denies

Attempts to avoid any type of observation/evaluation

Current Past Current and Past Denies

Limited social engagement

Current Past Current and Past Denies

Strongly prefer familiar people/family

Current Past Current and Past Denies

Become distressed when separated from spouse/partner/children/caregiver

Current Past Current and Past Denies

Tries to avoid going places without a family member

Current Past Current and Past Denies

Has nightmares about losing spouse/partner/child/caregiver

Current Past Current and Past Denies

Feels sick when separated from home/spouse/partner/caregiver

Current Past Current and Past Denies

Avoidance of sleeping away from home or family

Current Past Current and Past Denies

**TRAUMA**

Experienced event/trauma that was very scary or life-threatening

Current Past Current and Past Denies

Recurrent thoughts of a traumatic event

Current Past Current and Past Denies

Flashbacks

Current Past Current and Past Denies

Nightmares

Current Past Current and Past Denies

Reminders of trauma trigger a strong reaction

Current Past Current and Past Denies

Dissociation (detached from events or people)

Current Past Current and Past Denies

**PERCEPTUAL**

Hypersensitive to criticism

Current Past Current and Past Denies

Emotions do not match situation

Current Past Current and Past Denies

Feeling persecuted or picked on

Current Past Current and Past Denies

Feeling of being followed/watched, thoughts monitored

Current Past Current and Past Denies

Hears voices, sees things others do not see, smell, feel

Current Past Current and Past Denies

Thoughts are believes that other question are real

Current Past Current and Past Denies

Others sometimes think my behavior is bizarre/strange

Current Past Current and Past Denies

Has unusual worries about dirt, germs, being perfect, etc.

Current Past Current and Past Denies

Has extreme fears reports specific, items, times, places, or situations

Current Past Current and Past Denies

Has strange habits/rituals that cannot be broken

Current Past Current and Past Denies

Perseveration her fixation on the specific events/topics/person

Current Past Current and Past Denies

**EATING**

Bing or compulsive overeating

Current Past Current and Past Denies

Excessive exercise

Current Past Current and Past Denies

Self-induced vomiting

Current Past Current and Past Denies

Overuse of laxatives/diuretics

Current Past Current and Past Denies

Has food restriction due to allergies her medical issues

Current Past Current and Past Denies

Feels the need to strictly limit my diet in some way

Current Past Current and Past Denies

Absence or inconsistent menstruation

Current Past Current and Past Denies

**ATTENTION**

Makes careless errors, overlooks details

Current Past Current and Past Denies

Has difficulty waiting for others

Current Past Current and Past Denies

Has difficulty finishing tasks/projects

Current Past Current and Past Denies

Struggles with being patient

Current Past Current and Past Denies

Easily distracted

Current Past Current and Past Denies

Wants to constantly be moving more always seems preoccupied

Current Past Current and Past Denies

Struggles with putting forth effort into work, schoolwork, chores

Current Past Current and Past Denies

Doesn’t acknowledge when directly spoken to

Current Past Current and Past Denies

Fidgets with hands or feet

Current Past Current and Past Denies

Impulsive

Current Past Current and Past Denies

Forgetful/trouble with memory

Current Past Current and Past Denies

**BEHAVIORS (only for age 18 and under)**

Purposefully annoys others

Current Past Current and Past Denies

Easily annoyed by others

Current Past Current and Past Denies

Seeks revenge

Current Past Current and Past Denies

Argumentative with peers/parents

Current Past Current and Past Denies

Bully Behavior/Bullied

Current Past Current and Past Denies

Easily angered

Current Past Current and Past Denies

Feels resentful

Current Past Current and Past Denies

Defiant

Current Past Current and Past Denies

Sensitivity to touch/sound/visual/movement

Current Past Current and Past Denies

Does not seek out friendships

Current Past Current and Past Denies

Not interested in others feeling/perspectives

Current Past Current and Past Denies

Struggles/uncomfortable in social settings

Current Past Current and Past Denies

Becomes upset if routine is interrupted

Current Past Current and Past Denies

Make strange repetitive movements

Current Past Current and Past Denies

Inability to pretend or use imagination

Current Past Current and Past Denies

Becomes obsessive over one topic/interest

Current Past Current and Past Denies