

PRESENTING PROBLEMS

NAME: _____

DATE: _____

CHECK ALL THAT APPLY

- | | | |
|--|--|---|
| <input type="checkbox"/> Abuse-physical, sexual, emotional, neglect (of children or elderly persons) | <input type="checkbox"/> Aggression/Violence | <input type="checkbox"/> Alcohol Use |
| <input type="checkbox"/> Achievement/Motivation | <input type="checkbox"/> Anxiety, nervousness | <input type="checkbox"/> Attention, concentration |
| <input type="checkbox"/> Anger, hostility, arguing | <input type="checkbox"/> Childhood issues (your own) | <input type="checkbox"/> Codependence |
| <input type="checkbox"/> Career concerns, goals | <input type="checkbox"/> Compulsions | <input type="checkbox"/> Cruelty to animals |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Decision-making | <input type="checkbox"/> Dependence |
| <input type="checkbox"/> Custody of children | <input type="checkbox"/> Depression | <input type="checkbox"/> Divorce, separation |
| <input type="checkbox"/> Delusions | <input type="checkbox"/> Eating | <input type="checkbox"/> Emptiness |
| <input type="checkbox"/> Drug Use | <input type="checkbox"/> Fears, phobias | <input type="checkbox"/> Fatigue, tiredness, low energy |
| <input type="checkbox"/> Failure | <input type="checkbox"/> Friendships | <input type="checkbox"/> Family (Extended) |
| <input type="checkbox"/> Financial | <input type="checkbox"/> Guilt | <input type="checkbox"/> Gambling |
| <input type="checkbox"/> Family (Immediate) | <input type="checkbox"/> Housework/chores | <input type="checkbox"/> Headaches |
| <input type="checkbox"/> Grief & loss | <input type="checkbox"/> Impulse to Hurt Others | <input type="checkbox"/> Impulse to Hurt Self |
| <input type="checkbox"/> Health, illness | <input type="checkbox"/> Interpersonal conflicts | <input type="checkbox"/> Impulsiveness/loss of control |
| <input type="checkbox"/> Homicidal Thoughts | <input type="checkbox"/> Seizures | <input type="checkbox"/> Loss of Interest |
| <input type="checkbox"/> Incarcerated family member/s | <input type="checkbox"/> Judgment problems | <input type="checkbox"/> Legal matters |
| <input type="checkbox"/> Irresponsibility | <input type="checkbox"/> Memory problems | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Marital conflict | <input type="checkbox"/> Menopause | <input type="checkbox"/> Motivation, laziness |
| <input type="checkbox"/> Menstrual problems/PMS | <input type="checkbox"/> Obsessions, compulsions | <input type="checkbox"/> Oversensitivity |
| <input type="checkbox"/> Nervousness, tension | <input type="checkbox"/> Parenting | <input type="checkbox"/> Perfectionism |
| <input type="checkbox"/> Panic/anxiety attacks | <input type="checkbox"/> Recent move | <input type="checkbox"/> Relationship problems |
| <input type="checkbox"/> Pessimism | <input type="checkbox"/> School problems | <input type="checkbox"/> Self-centeredness |
| <input type="checkbox"/> Remarriage/new partner | <input type="checkbox"/> Self-worth/Identity issues | <input type="checkbox"/> Serious illness in family |
| <input type="checkbox"/> Self-neglect, poor self-care | <input type="checkbox"/> Shyness/oversensitivity | <input type="checkbox"/> Signs of depression |
| <input type="checkbox"/> Sexual issues | <input type="checkbox"/> Smoking/tobacco use | <input type="checkbox"/> Spiritual, religious |
| <input type="checkbox"/> Sleep problems | <input type="checkbox"/> Stress | <input type="checkbox"/> Suspiciousness |
| <input type="checkbox"/> Suicidal thoughts | <input type="checkbox"/> Threats, violence | <input type="checkbox"/> Thoughts/confusion |
| <input type="checkbox"/> Temper/self-control | <input type="checkbox"/> Withdrawal, isolating | <input type="checkbox"/> Work/employment |
| <input type="checkbox"/> Weight (loss) (gain) | | |

Children: Names/Ages

- | | | |
|--|---|--|
| <input type="checkbox"/> No children, which | <input type="checkbox"/> is | <input type="checkbox"/> is not a problem |
| <input type="checkbox"/> Angry interactions | <input type="checkbox"/> Tension | <input type="checkbox"/> Health problems |
| <input type="checkbox"/> Children exhibiting | <input type="checkbox"/> emotional problems | <input type="checkbox"/> behavior problems |
| <input type="checkbox"/> Problems between siblings | | |

Strengths

- | | | |
|---|---|---|
| <input type="checkbox"/> Achievement/Motivation | <input type="checkbox"/> Affection | <input type="checkbox"/> Career stability and success |
| <input type="checkbox"/> Caring for others | <input type="checkbox"/> Common sense | <input type="checkbox"/> Competence |
| <input type="checkbox"/> Concentration, focus | <input type="checkbox"/> Creativity | <input type="checkbox"/> Decision-making |
| <input type="checkbox"/> Fairness | <input type="checkbox"/> Financial stability | <input type="checkbox"/> Flexibility |
| <input type="checkbox"/> Healthy - physical, exercise | <input type="checkbox"/> Honesty | <input type="checkbox"/> Independence |
| <input type="checkbox"/> Involvement in community organizations, activities | <input type="checkbox"/> Organization | <input type="checkbox"/> Morals, ethics |
| <input type="checkbox"/> Motivation | <input type="checkbox"/> Relationships (spouse/partner/family/friends/co-workers) | <input type="checkbox"/> Patience |
| <input type="checkbox"/> Personal or professional success | <input type="checkbox"/> Self-control | <input type="checkbox"/> Sense of humor |
| <input type="checkbox"/> Responsibility | <input type="checkbox"/> Spirituality, faith, religion | |
| <input type="checkbox"/> Sense of self-worth | | |

Other Concerns or Strengths:
