ZOE CENTER
Psychotherapy for a Better Life

# Individual Concerns (2 Pages)

| Name | Date |
|---|---|
| | |

*Check any of the following that apply to you (S = self) or a family member (F = family)*

| S | F | | S | F | | S | F | |
|---|---|---|---|---|---|---|---|---|
| ❑ | ❑ | Depressed mood | ❑ | ❑ | Significant ongoing physical pain | ❑ | ❑ | Alcohol usage |
| ❑ | ❑ | Lost interest or pleasure | ❑ | ❑ | Stomach problems | ❑ | ❑ | Drug usage |
| ❑ | ❑ | Lack of energy/fatigue | ❑ | ❑ | Headaches | ❑ | ❑ | Marital problems |
| ❑ | ❑ | Weight gain or loss | ❑ | ❑ | Bowel problems | ❑ | ❑ | Divorce |
| ❑ | ❑ | Unable to concentrate | ❑ | ❑ | Balance problems | ❑ | ❑ | Separation |
| ❑ | ❑ | Excessive sleeping | ❑ | ❑ | Seizure problems | ❑ | ❑ | Affair |
| ❑ | ❑ | Difficulty sleeping | ❑ | ❑ | Learning/Academic problems | ❑ | ❑ | Problems with ex-spouse |
| ❑ | ❑ | Decreased need for sleep | ❑ | ❑ | Stuttering problems | ❑ | ❑ | Relationship problems |
| ❑ | ❑ | Pressure to keep talking | ❑ | ❑ | Frequent problems with attention | ❑ | ❑ | Parenting problems |
| ❑ | ❑ | Racing thoughts | ❑ | ❑ | Frequent “on the go” behavior | ❑ | ❑ | Problems with friends |
| ❑ | ❑ | Excessive risk taking behavior | ❑ | ❑ | Impulsive behaviors | ❑ | ❑ | Problems with children |
| ❑ | ❑ | Panic attacks | ❑ | ❑ | Temper | ❑ | ❑ | Legal problems |
| ❑ | ❑ | Excessive fear of situation or object | ❑ | ❑ | Aggressive behavior toward others | ❑ | ❑ | Work/job problems |
| ❑ | ❑ | Recurring thoughts or impulses | ❑ | ❑ | Destructive behaviors | ❑ | ❑ | Financial problems |
| ❑ | ❑ | Repetitive behaviors to reduce stress | ❑ | ❑ | Frequent lying/deceitfulness | ❑ | ❑ | School problems |
| ❑ | ❑ | Excessive anxiety or worry | ❑ | ❑ | Problems following rules | ❑ | ❑ | Shyness |
| ❑ | ❑ | Hear/see things others do not | ❑ | ❑ | Sexual problems | ❑ | ❑ | Anger |
| ❑ | ❑ | Memory problems/Memory loss | ❑ | ❑ | Eating problems | ❑ | ❑ | Loneliness |
| ❑ | ❑ | Suicidal thoughts | ❑ | ❑ | Nightmares | ❑ | ❑ | Insecurity |
| ❑ | ❑ | Witness/experience event threatening life or serious injury | ❑ | ❑ | Gambling problems | ❑ | ❑ | Isolation |

If you have noticed any ***recent changes*** in the following areas***, please circle those changes***.

| | | | | | | |
|---|---|---|---|---|---|---|
| Vision | Hearing | Coordination | Balance | Strength | Speech | Memory |
| Energy | Sleeping | Menstrual cycle | Elimination | Eating | Sexual activity | Thinking |

List any additional medical problems you may experience:_____

_____

List all medications you are taking:

| Medication | Dosage | Prescribed by | Date prescription began |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

List any counseling or therapy you or a member of your family are receiving or have received:

| Therapist | Address | When | Family member(s) |
|---|---|---|---|
| | | | |
| | | | |

Have you ever been physically, sexually or emotionally abused? ❑ Yes ❑ No
If yes, briefly describe: _____

_____

Have you ever been hospitalized for mental or nervous problems? ❑ Yes ❑ No
If yes, when and where? _____

_____

Have you ever attempted suicide? ❑ Yes ❑ No
If yes, where, when and how many attempts? _____

_____

Are you suicidal now? ❑ Yes ❑ No

Do you drink alcohol? ❑ Yes ❑ No
If yes, what is your typical drink and how often do you drink alcohol? _____

Age first used alcohol_____ Age of heaviest/most frequent use_____ Use in last three months_____

Do you use drugs? ❑ Yes ❑ No
If yes, what drugs do you use and how often? _____

Age first used drugs_____ Age of heaviest/most frequent use_____ Use in last three months_____

Have you ever been arrested? ❑ Yes ❑ No
If yes, how many times and what for? _____

Are you currently involved or do you expect to be involved in any court-related matters? ❑ Yes ❑ No
If yes, briefly describe: _____

What is it in your marriage, family or individual life that brings you to therapy?

What kinds of stressors are you experiencing right now?

What important things about your marriage or family would be helpful for your therapist to know? (i.e. illnesses, handicaps, deaths, divorces, school/job changes, suicide, etc.)

Do you have any concerns about violence or abuse in your family? Alcohol or drug usage? Please describe.