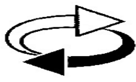

Art Prennace, LPC, PLLC
Psychotherapist

New Perspectives
Through Compassionate Listening
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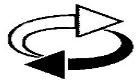

1100 Round Rock Avenue
Round Rock, Texas 78681
Ph: (512) 341-2155
Fax: (512) 369-1799

NAME: _____________________________ DATE: ______________________

MINOR'S NAME ____________________________

CONCERNS CHECKLIST

Check any of the following that currently apply :

___Always Put Others Before Me
___Always Worried
___Anxious Inside
___Can't Concentrate
___Can't "Get Going"
___Can't Handle Money
___Can't Hold a Job
___Can't Make Decisions
___Can't Make Friends
___Considering Divorce
___Criticize Everything
___Crying Spells
___Depressed
___Difficulties at Work
___Dizziness
___Dog Ate My Homework
___Don't Eat Enough
___Don't Get Along With Friends
___Don't Get Along With Teachers
___Don't Get Along With Parents
___Don't Get Enough Exercise
___Don't Like Being Alone
___Don't Like Being Around Others
___Don't Like Myself
___Easily Angered
___Eat Too Much
___Excessive Use of Medication
___Family Problems
___Fast Heartbeat
___Feel Like Hurting Myself
___Feel Like Hurting Someone Else
___Feel Like I Don't Fit In
___Feel Like I'm Not Good Enough
___Feel Like Smashing Things
___Feeling Afraid
___Feeling Ashamed
___Feeling Bored
___Feeling Confused
___Feeling Guilty
___Feeling Happy
___Feeling Inferior
___Feeling Lonely
___Feeling Mean
___Feeling Numb
___Feeling Panicky
___Feeling Stupid
___Feeling Tense
___Feeling Unappreciated
___Feelings Easily Hurt
___Fighting & Quarrelling
___Financial Problems
___Frequent Headaches
___Full of Energy
___Hate My Job
___I Hate All This Paperwork
___Impatient with People
___Lack of Energy
___Lacking in Confidence
___Legal Problems
___Loss of a Loved One
___Loss of Sexual Interest
___Loss of Weight
___Medical Condition
___Nausea or Vomiting
___Nightmares
___No One Understands Me
___Not Enjoying Things
___Not Feeling Much of Anything
___Obsessive Thoughts
___Overly Ambitious
___Overly Sensitive
___Poor Appetite
___Poor Physical Health
___Probation/Parole
___Problems with Drugs or Alcohol
___Problems with Children
___Problems with Friends
___Problems with School
___Problems with Spouse or Partner
___Put Things Off Too Long
___Questioning Belief System
___Relationship Problems
___Sexual Problems
___Shy with People
___Spiritual Concerns
___Stomach Trouble
___Suicidal Thoughts
___Thoughts Racing
___Trouble Sleeping
___Troubling Memories
___Unable to Have Fun
___Unable to Relax
___Very Restless
___Worried About Children
___Worried About Parents
___Other: _________________
___None of the Above
___All of the Above
___Can I Go Home Now?