

PLEASE BRING THIS FORM TO YOUR INTAKE APPOINTMENT!



Please Mark Those That Apply to the Patient

- 1. Depressed Mood
- 2. Lost interest in most activities
- 3. Increased appetite
- 4. Decreased appetite
- 5. Weight Gain
- 6. Weight Loss
- 7. Difficulty going to sleep
- 8. Difficulty staying asleep
- 9. Fatigue, loss of energy
- 10. Feelings of worthlessness
- 11. Inappropriate guilt
- 12. Difficulty concentrating
- 13. Preoccupation with death
- 14. Suicidal thoughts
- 15. Excessive or uncontrollable worry
- 16. Restlessness
- 17. Irritable
- 18. Decreased need for sleep
- 19. Increased talking
- 20. Racing thoughts
- 21. Distractible
- 22. Elevated mood
- 23. Engaging in risky, pleasurable activities
- 24. Mood swings
- 25. Feelings of panic
- 26. Pounding heart, chest pains, shaking
- 27. Shortness of breath, dizziness, sweating
- 28. Recurrent undesirable thoughts
- 29. Repetitive behaviors (hand washing, checking) or mental acts (counting etc)
- 30. Nausea or abdominal stress
- 31. Fear of losing control
- 32. Fear of dying
- 33. Recurrent intrusive memories
- 34. Flashbacks
- 35. Efforts to avoid memories
- 36. Fear of social situations
- 37. Alcohol problems
- 38. Drug use problems
- 39. Compulsive dieting
- 40. Vomiting, use of laxatives
- 41. Marital problems
- 42. Sexual problems
- 43. Impulsive
- 44. Overwhelmed
- 45. Angry
- 46. Easily upset, on edge
- 47. Careless, forgetful, easily, distracted, difficulty organizing, loses thing

Patient's Signature

Date