

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