Psychological Resource Group

1951 Woodlane Drive, Suite 102 • Woodbury, MN 55125

Office (651) 739-1128 • Fax (651) 731-6345

Symptom/Issues Check List

What symptoms/issues contributed to you coming in today? Please check all that apply.

____Family History of Mental Illness

Please List: ____

____Depressed mood
____Sad/empty
____Crying spells
____Irritable mood
____Low self-Esteem
____Feeling inferior
____Feeling worthless
____Feelings of guilt /shame
____Loss of interest in activities
____Cannot enjoy oneself
____Weight Changes- recent
_____increase ____decrease
____History of eating disorder
____Difficulty falling asleep
____Difficulty staying asleep
____Nightmares
____Sleepy all the time
____Fatigue
____Difficulty concentrating
____Difficulty making decisions
____Memory loss

____Suicidal thoughts
____Obsessive thoughts
____Lack of ambition
____Lonely/isolated
____Family problem
____Financial problem
____Relationship problem
____Friendship problem
____Chemical Use
____Sexual concerns
____Physical abuse
____Sexual abuse
____Emotional abuse
____Traumatic event
____Feeling on edge
____Troubling repetitive thoughts/behaviors
____Parenting issues
____Shy/uneasy
____Occupational problem
____Lying frequently

____Nervous
____Manic
____Restless
____Anxiety
____Muscle tension
____Upset stomach
____Headaches
____Other physical complaints – list:
____
____
____Frequent anger
____Panic
____self-mutilation/cutting
____Aggressive
____Hearing voices
____Lack of ambition
____Legal problems
____Marital issues
____Other
Please list: ________________
____
____