



610 W. Peace St.
Raleigh, NC 27605
(919) 755-0545

Name: _____

Date: _____

PLEASE CHECK ALL THAT APPLY:

***Parents, if possible, allow your child to complete this form. If child is too young, please complete from your observations of your child.**

PLEASE CHECK ALL THAT APPLY

- Academic concerns
- Abuse
- Abused by others
- Abuse of others
- Aggression
- Anger
- Irritability
- Anxiety
- Feeling tense
- Phobias/fears
- Recurring thoughts
- Panic attacks
- ADD/ADHD
- Distractibility
- Impulsivity
- Physical concerns
- Chest pains
- Heart palpitations
- Chronic pain
- Fatigue
- Dizziness
- Hypertension
- Trembling
- Often sick
- Frequent upset stomach
- IBS
- Sleep problems
- Problems with food
- Eating Disorder
- Depression
- Ideas of harming self
- Suicidal thoughts
- Ideas of harming others
- Mood swings
- Hopelessness
- Often feeling sad or depressed
- Poor self-concept
- Ill at ease/shy with others



610 W. Peace St.
Raleigh, NC 27605
(919) 755-0545

- Lack of real friends
- Isolating self
- Low self esteem
- Blaming or criticizing self
- Anti-social behavior
- Concerns about family members
- Parental concerns
- Child or step-child concerns
- Sibling concerns
- An important loss
- Sexual concerns
- Relationship problems
- Financial concerns
- Others' alcohol or drug abuse
- Thought processes
- Disorganized thoughts
- Disorientation
- Memory impairment
- Judgment errors
- Things around you seem surreal
- Hallucinations
- Drug or alcohol use:
 - Never
 - Sometimes
 - Frequent
- Tobacco use:
 - Non-smoker
 - Daily smoker
 - Occasional smoker
 - Trying to quit
- Any recent upsetting event? Explain:

- Involved in a church community?(List)

- Exercise?
 - Rarely
 - Sometimes
 - Frequently

- If female, is there the possibility that you may be pregnant?