Needs and Concerns Checklist

Briefly describe your reasons for seeking help:

_____

_____

_____

_____

Have you ever received psychological help or counseling before? YES NO
If Yes, please explain:

_____

_____

_____

Please check any of the following that pertain to you (your child):

❑ Ambition	❑ Energy	❑ Loneliness	❑ Separation
❑ Anger	❑ Fear	❑ Making Decisions	❑ Sexual Problems
❑ Anxiety	❑ Finances	❑ Marriage	❑ Shyness
❑ Appetite	❑ Friends	❑ Memory	❑ Sleep
❑ Bowel Troubles	❑ Grief/Loss	❑ Motivation	❑ Stomach Problems
❑ Career	❑ Guilt	❑ My Thoughts	❑ Stress
❑ Childhood Abuse	❑ Headaches	❑ Nervousness	❑ Suicidal Thoughts
❑ Concentration	❑ Health Problems	❑ Nightmares	❑ Tiredness
❑ Confusion	❑ Inferiority Feelings	❑ Parenting	❑ Trauma
❑ Depression	❑ Insomnia	❑ Relaxation Problems	❑ Unhappiness
❑ Divorce	❑ Learning Problems	❑ Self-Control	❑ Withdrawn
❑ Drug Use	❑ Legal Matters	❑ Sensitivity	❑ Work