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Checklist of Concerns

Name: _____ Date: ____/____/____

Please mark all of the items below that apply, and feel free to add any others at the bottom under “Any other concerns or issues.” You may add a note or details in the space next to the concerns checked.

- ☐ I have no problem or concern bringing me here.
- ☐ Abuse – victim of physical, sexual, and / or emotional abuse or neglect
- ☐ Aggression, violence
- ☐ Alcohol use
- ☐ Anger, hostility, arguing, irritability
- ☐ Anxiety, nervousness
- ☐ Attention, concentration, distractibility
- ☐ Career concerns, goals, and choices
- ☐ Childhood issues (your own childhood)
- ☐ Children, child management, child care, parenting
- ☐ Codependence
- ☐ Confusion
- ☐ Compulsions
- ☐ Custody of children
- ☐ Decision making, indecision, mixed feelings, putting off decisions
- ☐ Delusions (false ideas)
- ☐ Dependence
- ☐ Depression, low mood, sadness,
- ☐ Divorce, separation
- ☐ Drug use – prescription medications, over-the-counter medications, street drugs
- ☐ Eating disorders – overeating, undereating, appetite, vomiting
- ☐ Emptiness
- ☐ Failure
- ☐ Fatigue, tiredness, low energy
- ☐ Fears, phobias
- ☐ Financial or money troubles, debt, impulsive spending, low income
- ☐ Friendships
- ☐ Gambling
- ☐ Grieving, mourning, deaths, losses, divorce
- ☐ Guilt
- ☐ Headaches, other kinds of pains
- ☐ Health, illness, medical concerns, physical problems
- ☐ Inferiority feelings
- ☐ Interpersonal conflicts
- ☐ Impulsiveness, loss of control, outbursts
- ☐ Irresponsibility
- ☐ Judgment problems, risk taking
- ☐ Legal matters, charges, suits

- ☐ Loneliness
- ☐ Marital conflict, distance / coldness, infidelity / affairs, remarriage
- ☐ Memory problems
- ☐ Menstrual problems, PMS, menopause
- ☐ Mood swings
- ☐ Nervousness, tension
- ☐ Obsessions, compulsions (thoughts or actions that repeat themselves)
- ☐ Motivation, laziness
- ☐ Oversensitivity to rejection
- ☐ Panic or anxiety attacks
- ☐ Perfectionism
- ☐ Please disclose this item only with the knowledge of my duty to report such abuse.
- ☐ Perpetrator of physical, sexual, or emotional abuse or neglect (of children or elderly), or cruelty to animals
- ☐ Procrastination, work inhibitions, laziness
- ☐ Relationship problems
- ☐ School problems
- ☐ Self-centeredness
- ☐ Self-esteem
- ☐ Self-neglect, poor self-care
- ☐ Sexual issues, dysfunctions, conflicts, desire differences, other (see also "Abuse")
- ☐ Shyness, oversensitivity to criticism
- ☐ Sleep problems – too much, too little, insomnia, nightmares
- ☐ Smoking and tobacco use
- ☐ Stress, relaxation, stress management, stress disorders, tension
- ☐ Suspiciousness
- ☐ Suicidal thoughts
- ☐ Temper problems, self-control, low frustration tolerance
- ☐ Thought disorganization and confusion
- ☐ Threats, violence
- ☐ Weight and diet issues
- ☐ Withdrawal, isolating
- ☐ Work problems, employment, workaholism / overworking, can't keep a job

Any other concerns or issues:

- ☐ _____
- ☐ _____
- ☐ _____

Please look back over the concerns you have checked off and choose the one that you most want help with. It is: _____

Client's Signature: _____ Date ____/____/____
 _____ Date ____/____/____

Counselor's Signature: _____ Date ____/____/____

This is a strictly confidential patient medical record. Re-disclosure or transfer is expressly prohibited by law.