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Adult 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. (For a child, mark any of these and then complete the "Child Checklist Of Characteristics.")

- I have no problem or concern bringing me here.
- Abuse -- physical, sexual, emotional, neglect (of children or elderly), cruelty to animals.
- 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, crying.
- Divorce, separation.
- Drug use -- prescription medications, over-the-counter medications, street drugs.
- Eating problems -- over eating, under eating, appetite, vomiting (also see "weight and diet issues")
- 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.
- Motivation, laziness.
- Nervousness, attention.
- Obsessions, compulsives (thoughts or actions that repeat themselves).
- Over sensitivity to rejection.
- Panic or anxiety attacks.
- Perfectionism.
- Pessimism.
- Procrastination, worked inhibitions, laziness.
- Relationship problems.
- School problems (also see "career concerns...").
- Self-centeredness.
- Self-esteem.
- Self-neglect, poor self-care.
- Sexual issues, dysfunctions, conflicts, desired differences, other (also see "abuse").
- Shyness, over sensitivity to criticism.
- Sleep problems -- too much, too little, insomnia, nightmares.
- Smoking and tobacco use.
- Stress, relaxation, stress management, stress disorders, attention.
- 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 line you most want help with. It is: _____.

This is a strictly confidential patient medical record. Disclosure or transfer is expressly prohibited by law.