

Christine Ubben, M.A.
Licensed Professional Counselor
Licensed Associate Marriage & Family Therapist

Office:
 14051 Burnhaven Drive, Suite 105
 Burnsville, MN 55337-4400

Phone: 952-288-4091
 Fax: 952-513-4813
 Website: www.ubbencounseling.com
 E-mail: christine@ubbencounseling.com

Adult Checklist of Concerns

Name: _____ Date: _____

Please mark all of the items below that apply, and feel free to add any others at the end of the checklist. You may add a note or details next to the concerns that are checked.

<input type="checkbox"/>	I have no problem or concern bringing me here	<input type="checkbox"/>	Abuse—physical, sexual, emotional, neglect (of children or elderly persons), cruelty to animals
<input type="checkbox"/>	Aggression, violence	<input type="checkbox"/>	Alcohol use
<input type="checkbox"/>	Anger, hostility, arguing, irritability	<input type="checkbox"/>	Anxiety, nervousness
<input type="checkbox"/>	Attention, concentration, distractibility	<input type="checkbox"/>	Career concerns, goals, and choices
<input type="checkbox"/>	Childhood issues (your own childhood)	<input type="checkbox"/>	Codependence
<input type="checkbox"/>	Confusion	<input type="checkbox"/>	Compulsions
<input type="checkbox"/>	Custody of children	<input type="checkbox"/>	Friendships
<input type="checkbox"/>	Delusions (false ideas)	<input type="checkbox"/>	Dependence
<input type="checkbox"/>	Depression, low mood, sadness, crying	<input type="checkbox"/>	Divorce, separation
<input type="checkbox"/>	Drug use—prescription, medications, over-the-counter medications, street drugs	<input type="checkbox"/>	Eating problems—overeating, undereating, appetite, vomiting
<input type="checkbox"/>	Emptiness	<input type="checkbox"/>	Failure
<input type="checkbox"/>	Fatigue, tiredness, low energy	<input type="checkbox"/>	Fears, phobias
<input type="checkbox"/>	Financial or money troubles, debt, impulsive spending, low income	<input type="checkbox"/>	Decision making, indecision, mixed feelings, putting off decisions
<input type="checkbox"/>	Gambling	<input type="checkbox"/>	Grieving, mourning, deaths, losses, divorce
<input type="checkbox"/>	Guilt	<input type="checkbox"/>	Headaches, other kinds of pains

Health, illness, medical concerns, physical problems	Housework/chores—quality, schedules, sharing duties
Inferiority feelings	Interpersonal conflicts
Impulsiveness, loss of control, outbursts	Irresponsibility
Judgment problems, risk taking	Legal matters, charges, suits
Work problems, employment, workaholism/overworking, difficulty keeping a job, dissatisfaction, ambition	Marital conflict, distance/coldness, infidelity/affairs, remarriage, different expectations, disappointments
Memory problems	Menstrual problems, PMS, menopause
Mood swings	Motivation, laziness
Nervousness, tension	Obsessions, compulsions (thoughts or actions that repeat themselves)
Oversensitivity to rejection	Panic or anxiety attacks
Parenting, child management, single parenthood	Perfectionism
Pessimism	Procrastination, work inhibitions, laziness
Relationship problems (with friends, with relatives, or at work)	School problems
Self-centeredness	Self-esteem
Self-neglect, poor self-care	Sexual issues, dysfunctions, conflicts, desire differences, other
Shyness, oversensitivity to criticism	Sleep problems—too much, too little, insomnia, nightmares
Smoking and tobacco use	Spiritual, religious, moral, ethical issues
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
Loneliness	

Any other concerns or issues:

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