Office of Brian J. Edwards

Licensed Marriage & Family Therapist MFC 46737

SELF-ASSESSMENT

What is happening in your life which resulted in this appointment:

____
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____

What would you like to see accomplished in therapy?

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CHIEF COMPLAINT (CHECK ALL THAT APPLY TO YOU)

__Depression	__Fear of dying	__Feeling that you are not real
__Low energy	__Fear of going crazy	__Nausea
__Low self-esteem	__Phobias	__Obsessions/Compulsions
__Poor concentration	__Thoughts racing	__Anger/Frustration
__Hopelessness	__Delusions/hallucinations	__Excessive behaviors
__Worthlessness	__Confusion	__Unpleasant thoughts intrude
__Guilt	__Excessive alcohol/drug use	__Sexual abuse issues
__Sleep disturbance	__Spousal abuse issues	__Physical abuse issues
__Appetite changes	__Argues	__Blames others
__Defies rules	__Blackouts	__Chest pain
__Easily agitated	__Sadness / Loneliness	__Stress
__Anxiety / Panic	__Trembling/Shaking	__Sweating
__Thoughts of hurting someone		__Thoughts of hurting yourself
__Can't hold onto an idea		__Isolation / Social Withdrawal

Previous outpatient therapy? ______Yes ____No, with ________________________________

What was accomplished: ____

Medications, list: ____