Self-Assessment

What is happening in your life which resulted to this appointment?

What would you like to accomplish in rehabilitation?

CHECK ALL THAT APPLY TO YOU

__Depression
__Low energy
__Low Self-Esteem
__Poor Concentration
__Hopelessness
__Worthlessness
__Guilt
__Sleep Deprivation (More/Less)
__Appetite Deprivation (More/Less)
__Thoughts of hurting yourself
__Thoughts of hurting others
__Isolation/Social Withdraw
__ Sadness
__Anxiety
__Heart pounding/Racing
__Chest Pain
__Trembling/Shaking
__Chills/Hot Flashes
__Tingling/Numbness
__Fear of dying
__Fear of going crazy
__Nausea
__Phobias
__Obsessive/Compulsive behavers
__Thoughts racing
__Can't hold on to an idea
__Easily agitated/irritated/annoyed
__Excessive behaviors (Gambling)
__Hallucinations
__Not thinking clearly/confusion

__ Feeling you're not real
__ Feeling things around you are not real
__ Easily lose track of time
__ Unpleasant thoughts that won't go away
__Anger/Frustration
__Argues
__Excessive use of drug and alcohol
__Excessive use of prescription medication
__Blackouts
__Physical abuse issues
__Sexual abuse issue
__Spousal abuse issue

Other Problems/symptoms____________

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Signature: ________________________