



LANE K. DAVID, LPC

# CLIENT SYMPTOM CHECKLIST

PLEASE STATE, IN A FEW WORDS, WHY YOU ARE SEEKING A COUNSELOR:

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BRIEFLY DESCRIBE WHAT YOU WOULD LIKE TO ACHIEVE IN COUNSELING?

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DO ANY OF THESE THINGS APPLY TO YOU? PLEASE CIRCLE Y OR N.

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|---|---|---|
| 1) I have attempted suicide.                                  | Y | N |
| 2) I have been thinking about suicide.                        | Y | N |
| 3) I am thinking of harming or killing someone.               | Y | N |
| 4) People have described me as violent.                       | Y | N |
| 5) I have flashbacks of a terrible situation.                 | Y | N |
| 6) I've lost interest since something terrible happened.      | Y | N |
| 7) I have been the victim of abuse.                           | Y | N |
| 8) I take advantage of others.                                | Y | N |
| 9) I have been arrested.                                      | Y | N |
| 10) I struggle with trying to control my drinking.            | Y | N |
| 11) I use prescription drugs recreationally.                  | Y | N |
| 12) I use street drugs.                                       | Y | N |
| 13) I struggle with trying to control spending.               | Y | N |
| 14) I am bothered that I can see or hear things others can't. | Y | N |
| 15) People say that my worrying interferes with my life.      | Y | N |

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|---|---|---|
| 16) Changes in my routine cause stress.                                 | Y | N |
| 17) Social situations are difficult for me.                             | Y | N |
| 18) I have trouble in relationships.                                    | Y | N |
| 19) People say that I have too much energy.                             | Y | N |
| 20) I have trouble concentrating and completing tasks.                  | Y | N |
| 21) I have purposely cut myself.  | Y | N |
| 22) I often feel abandoned and alone.                                   | Y | N |
| 23) I get irritated easily.   | Y | N |
| 24) I have been sleeping more than usual.                               | Y | N |
| 25) I have been sleeping less than usual.                               | Y | N |
| 26) I have experienced weight loss or gain.                             | Y | N |
| 27) I find myself crying for no reason.                                 | Y | N |
| 28) Things are hopeless.  | Y | N |
| 29) Lately, I have missed a lot of work/school.                         | Y | N |
| 30) I have difficulty getting along with coworkers, and/or supervisors. | Y | N |
| 31) I am dissatisfied with my job or position.                          | Y | N |

CLIENT SIGNATURE:

DATE:

COUNSELOR SIGNATURE:

DATE: