

INVENTORY OF CONCERNS

The following information will help the therapist to learn about the issues that are of concern to you.
Please mark each concern(s) and provide a brief description.

- Academic: _____
- Family: _____
- Social: _____
- Emotional: _____
- Mental Health: _____
- Physical Health: _____
- Substance Abuse: _____
- Relationship: _____
- Employment: _____
- Medical/Health Insurance: _____
- Housing: _____
- Transportation: _____
- Food: _____
- Other: _____

Check Current Symptom(s):

Suicidal/Homicidal feelings Difficulty concentrating Sleeping problem Frequent tiredness
 Lack of motivation Changes in appetite Other: _____