

# CHECKLIST OF CLIENT CONCERNS NAME: DATE: PRE/ONGOING/POST DATE:

Below is a list of problems that clients frequently describe to us. Please check off any that match your current concerns. If you are not sure whether to endorse an item, use the past week as a guide. Feel free to add any comments as necessary. Thank you.

## **Immune System**

- Allergies
- Asthma
- 3. Frequent colds, infections
- 4. Yeast infections
- Fatigue

## Sleep

- 6. Difficulty falling asleep
- 7. Wakeful or restless during night
- 8. Waking up early
- 9. Difficulty waking up
- **10.** Nightmares or night terrors
- 11. Snoring
- 12. Sleep walking

# Skin/Hair/Nails

- 13. Problems with skin
- **14.** Hair
- 15. Nails

## Eyes

- 16. Double or blurred vision
- **17.** Blind spots
- 18. Spots in your vision

## Ear/Nose/Throat

- **19.** Hearing loss
- 20. Ringing in ears
- 21. Earaches
- 22. Sense of smell changed or lost
- 23. Nose or sinuses blocked
- **24.** Grinding your teeth
- 25. Sense of taste changed or lost
- **26.** Hoarseness or sore throat

# Heart/Lungs

- 27. Problems breathing
- 28. Heart problems
- 29. Hypertension
- **30.** Palpitations
- 31. Dizziness

## Intestines

- 32. Nausea or vomiting
- 33. Gastric pain
- 34. Gas or bloating
- 35. Irritable bowel
- 36. Diarrhea
- 37. Constipation

#### Hormonal/Blood

- **38.** Appetite problems (e.g. wanting to eat when not hungry, etc)
- 39. Diabetes
- **40.** Desire for sweets or carbohydrates
- **41.** Sensitivity to heat or cold
- **42.** Thyroid problems
- 43. PMS symptoms
- 44. Hot flashes
- **45.** Other menopausal symptoms
- **46.** Low interest in sex
- **47.** Excessive interest in sex

## Bones/Joints/Muscles

- **48.** Pain or stiffness in joints or muscles
- **49.** Sore trigger points
- 50. Fibromyalgia
- 51. Bodily fatigue

# **Nervous System**

- **52.** Headaches or migraines
- **53.** Fainting
- **54.** Seizures
- **55.** Memory loss
- **56.** Blocking on words
- **57.** Reading problems
- 58. Difficulty speaking
- 59. Tremor (shaking)
- 60. Weakness
- 61. Hyperactivity
- 62. Problems with balance
- **63.** Motor or vocal tics

# **Attention and Organization**

- 64. Difficulty focusing
- 65. Easily distracted
- **66.** Make mistakes

- 67. Difficulty organizing activities
- 68. Not completing tasks
- 69. Lose train of thought

#### School/Learning

- 70. Difficulty completing schoolwork
- 71. Getting into trouble at school
- **72.** Inverting letters/numbers
- 73. Spatial problems (e.g. difficulty building things, understanding how things should be put together)
- **74.** Difficulty with particular subjects

## Bowel/Bladder

- **75.** Difficulty urinating
- **76.** Difficulty holding your urine
- 77. Difficulty controlling your bowels
- 78. Frequent bladder infections

# Habits

- **79.** Sometimes drink too much
- 80. Smoke cigarettes
- 81. Concerns about your diet
- 82. Desire caffeine
- 83. Use marijuana
- 84. Other addictions

# **Behavior/Emotions**

- 85. Mood swings
- 86. Feeling down, depressed or flat
- 87. Feeling sad
- 88. Feeling anxious
- 89. Panic attacks
- 90. Worr
- 91. Thoughts that won't leave your mind
- 92. Need to repeat actions or words over and over.
- 93. Bingeing
- **94.** Restricting your food intake
- 95. Making yourself vomit
- **96.** Phobias- avoiding things
- 97. Feeling others are against you98. Behaviors that get you into trouble, or are not good for you
- 99. Feeling angry a lot
- 100. Impulsive
- 101. Feeling overwhelmed