



Tara Yardley LPC LLC
Primary Concerns (Check all that apply)

Client Name: _____

Date of birth _____

- Thoughts of suicide
- Cutting or other self-harm
- Feelings of hopelessness
- currently experiencing depression
- recent onset of depression
- History of periods of depression
- Long term history of depression
- Trouble getting to sleep
- Trouble staying asleep
- Waking early most days
- Sleeping too much
- Excessively tired
- History of emotional/verbal abuse
- History of physical abuse
- History of sexual abuse
- Loss of appetite
- Increased appetite
- Recent weight gain and lbs
- Recent weight loss and lbs
- Body image concerns
- Socially isolated or lonely
- Concerns about sexual orientation
- Sexual Concerns
- Inability to make decisions
- trouble controlling temper
- Race or ethnicity concerns
- Hearing things others don't
- Seeing things other don't
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- Attention/concentration problems
- Phobias or specific fears
- Panic attacks
- Excessive worry/nervousness
- Forgetfulness
- Racing Thoughts
- Mood swings
- Substance abuse
- Issues with gambling
- Legal Problems
- Sexual Addiction (porn, etc)
- Financial stress
- Family stress
- Work stress
- School stress
- Health Issues
- Impulsivity
- Low self-esteem
- Grief or loss issues
- Experienced recent death
- Behavioral changes
- Relationship problems
- Thoughts of harming others
- Frequent conflicts/arguments
- Physical fights in last year
- History of problems with food
- Other

Signature: _____

Date: _____