**Sydne Stone, LPC, NCC, AAMFT Clinical Fellow**

Sydne Stone Counseling, PLLC

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(205) 837-3406

Name Date

Email Address Pronouns: He/him/his; She/her/hers; They/them/theirs

*(circle)*

Mailing Address

Best Phone Number Ok to leave voice mail at this number? **Y/N**

Emergency Contact Person and Phone

Please list household members, relationship and ages:

What are your goals for counseling?

What specifically have you tried thus far to meet those goals?

How did you hear about me?

**Checklist of Concerns**

*Please check any relevant concerns that apply currently or within the past 3 months.*

**Family and Relationships**

\_\_\_ Affair

\_\_\_ Childhood issues (yours)

\_\_\_ Divorce/end of committed relationship

\_\_\_ Friendships

\_\_\_ Housework/chores

\_\_\_ Interpersonal conflicts

\_\_\_ Parenting

\_\_\_ Problems with child(ren)

\_\_\_ Problems with parents

\_\_\_ Problems with partner

\_\_\_ Separation

**Work and School**

\_\_\_ Absenteeism

\_\_\_ Career concerns, goals, choices

\_\_\_ Difficulty with coworkers

\_\_\_ Difficulty with supervisor

\_\_\_ Performance

\_\_\_ Tardiness

\_\_\_ Procrastination

\_\_\_ School problems

**Thoughts / Feelings / Mood**

\_\_\_ Anger/frustration/hostility

\_\_\_ Anxiety, nervousness

\_\_\_ Attention, concentration, distractibility

\_\_\_ Confusion

\_\_\_ Depression

\_\_\_ Disliking others

\_\_\_ Emptiness

\_\_\_ Euphoria

\_\_\_ Excessive Worry

\_\_\_ Fatigue

\_\_\_ Fear

\_\_\_ Grieving (death, loss, divorce, etc)

\_\_\_ Guilt

\_\_\_ Hearing things other people don’t

\_\_\_ Homicidal thoughts

\_\_\_ Intrusive thoughts

\_\_\_ Judgment problems

\_\_\_ Low self esteem

\_\_\_ Memory difficulties

\_\_\_ Negative thoughts

\_\_\_ Obsessive thoughts

\_\_\_ Oversensitivity to criticism

\_\_\_ Oversensitivity to rejection

\_\_\_ Panic attacks

\_\_\_ Perfectionism

\_\_\_ Sadness

\_\_\_ Seeing things other people don’t

\_\_\_ Self-centeredness

\_\_\_ Shyness

\_\_\_ Spiritual, religious, or moral issues

\_\_\_ Stress

\_\_\_ Sudden mood changes

\_\_\_ Suicidal thoughts

\_\_\_ Suspiciousness

\_\_\_ Temper problems

\_\_\_ Thoughts of hurting self or others

**Behavior**

\_\_\_ Aggression, violence

\_\_\_ Alcohol overuse

\_\_\_ Argumentative

\_\_\_ Avoidant

\_\_\_ Compulsive behaviors/rituals

\_\_\_ Controlling

\_\_\_ Decreased/ lack of sexual interest

\_\_\_ Dependency

\_\_\_ Destruction of property

\_\_\_ Drug use

\_\_\_ Eating problems

\_\_\_ Financial problems, debt

\_\_\_ Gambling

\_\_\_ Hyperactivity

\_\_\_ Internet problems

\_\_\_ Irresponsibility

\_\_\_ Isolation

\_\_\_ Legal problems

\_\_\_ Letting others take advantage of you

\_\_\_ Loss of appetite

\_\_\_ Loss of interest in what you used to enjoy

\_\_\_ Lying

\_\_\_ Not able to relax

\_\_\_ Overeating

\_\_\_ Preoccupation with sex

\_\_\_ Procrastination

\_\_\_ Purging

\_\_\_ History of running away

\_\_\_ Self-destruction/sabotaging

\_\_\_ Self-neglect

\_\_\_ Sexual dysfunction

\_\_\_ Sleep difficulty

\_\_\_ Smoking

\_\_\_ Stealing

\_\_\_ Threats

\_\_\_ Weight gain/loss

\_\_\_ Withdrawal from others

**Abuse**

\_\_\_ Alcohol Abuse

\_\_\_ Drug Abuse

\_\_\_ Physical abuse by another

\_\_\_ Physical abuse of another

\_\_\_ Sexual abuse by another

\_\_\_ Sexual abuse of another

