

5014 Chesebro Rd. Ste #4
Agoura Hills, Ca 91301
818-991-4910

SELF ASSESSMENT

Today's Date _____

Name _____

CHIEF COMPLIANT (CHECK ALL THAT APPLY)

- | | |
|---|--|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Delusion/Hallucinations |
| <input type="checkbox"/> Low Energy | <input type="checkbox"/> Not thinking clearly/confusion |
| <input type="checkbox"/> Low Self-Esteem | <input type="checkbox"/> Unpleasant thoughts won't go away |
| <input type="checkbox"/> Poor Concentration | <input type="checkbox"/> Anger/Frustration |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Use of alcohol/drugs |
| <input type="checkbox"/> Worthlessness | <input type="checkbox"/> Abuse of prescription drugs |
| <input type="checkbox"/> Guilt | <input type="checkbox"/> Eating disorder |
| <input type="checkbox"/> Sleep Disturbance | <input type="checkbox"/> Physical abuse issues |
| <input type="checkbox"/> Appetite Disturbance | <input type="checkbox"/> Sexual abuse issues |
| <input type="checkbox"/> Thoughts of hurting yourself | <input type="checkbox"/> domestic violence |
| <input type="checkbox"/> Thoughts of hurting others | <input type="checkbox"/> other (please explain) |
| <input type="checkbox"/> Isolation/social withdrawal | _____ |
| <input type="checkbox"/> Sadness/loss | _____ |
| <input type="checkbox"/> Stress | _____ |
| <input type="checkbox"/> Anxiety/panic | _____ |
| <input type="checkbox"/> Heart pounding/Racing | _____ |
| <input type="checkbox"/> Chest pain | _____ |
| <input type="checkbox"/> Trembling/Shaking | _____ |
| <input type="checkbox"/> Sweating | _____ |
| <input type="checkbox"/> Chills/Hot Flashes | |
| <input type="checkbox"/> Tingling/Numbness | |
| <input type="checkbox"/> Fear of Dying | |
| <input type="checkbox"/> Fear of going crazy | |
| <input type="checkbox"/> Nausea | |
| <input type="checkbox"/> Phobias | |
| <input type="checkbox"/> Obsessions/compulsive behaviors | |
| <input type="checkbox"/> Thoughts racing | |
| <input type="checkbox"/> Can't hold on onto an idea | |
| <input type="checkbox"/> Easily Agitated | |
| <input type="checkbox"/> Excessive behaviors(spending/gambling) | |

