

Patient Name: _____ Date: _____

Current & Past Symptoms

Please check ALL that apply

Past:	Current:	Symptoms:	Past :	Current:	Symptoms:
		Lost interest in almost everything			Uncontrollable Anger / Agression
		Easily Irritated			Racing thoughts
		Feeling Lonely			Memory / Concentration Problems
		Feeling Hopelessness/Helplessness			Mood Swings
		Feeling Worthlessness			Elevated Mood - Euphoria
		Appetite Change			Doing more than one thing at a time
		Reclusive and Withdrawn			Shopping Sprees
		Feeling Down/Depressed			Sleeping less Hours
		Concentration Problems			Increase Sexual Desire
		Tired / Fatigued / No Energy			Increase energy Especially at night
		Insomnia			Talkative / Interrupting others
		Excessive Sleep			Easily Distracted
		Guilt Feeling			Jumping from one task to another without Finishing Previous Tasks
		Feeling Overwhelmed			Increase Goal- Directed Activity
		Decrease Sexual / Difficulties			Thoughts are disorganized
		Crying Spells			Suspicious / Not trusting others
		No Motivation			Being Watched most of the Time
		Indecisive			People Talk about / Laugh at me
		Death Wishes			People can Read my Mind
		Suicidal /Homicidal thoughts			Receiving Message from TV/Radio
		Anxiety / Worried			Pacing at Night
		Phobias / Fears			Hearing God Talking to You
		Trembling			Hallucinations (auditory/visual)
		Dizziness			Mental telepathy
		Hyperventilation / perspiration			Delusions
		Panic Attacks #s/week (.....)			Confused
		Chest Pain			Disorientation
		Avoidance			Self-mutilation / Cutting
		Eating Disorder (Anorexia/Bulimia)			Violent Behavior
		Obsessive Compulsive Behavior			Fire setting
		Sick Frequently -Medical			Other Concern

