Tranquility Health L.L.C.

Symptoms

Your name:		Specialist:	

Chief Complaint (Presenting Problem/Reason for Seeking Treatment)

Check all that apply:

Depression	☐	Anxiety	☐
Substance Use/Abuse/Dependence	☐	Problems at Home	☐
Problems at Work	☐	Problems at School	☐
Problems at Daycare	☐	Family Problems	☐
Other			

Comments:

Current/Recent Symptom Checklist

Check all that apply:

Anxiety	☐	Suicidal Thoughts	☐	Chronic Illness or Pain	☐
Fear	☐	Anger/Temper	☐	Depressed Mood	☐
Panic	☐	Visual Hallucinations	☐	Bowel/Bladder Problems	☐
Negative Attitude	☐	Auditory Hallucinations	☐	Restlessness	☐
Annoyed / Irritated	☐	Paranoid Thoughts	☐	Fatigue / Low Energy	☐
Lack of Motivation	☐	Homicidal Thoughts	☐	Poor Grooming	☐
Lack of Concentration	☐	Loss of Appetite	☐	Obsessive Thoughts	☐
Difficulty with Decisions	☐	Significant Weight Loss	☐	Compulsive Behaviors	☐
Social Withdrawal	☐	Excessive Appetite	☐	Self-Mutilation	☐
Guilt / Remorse /Shame	☐	Significant Weight Gain	☐	Sexual Trauma Victim	☐
Hopelessness	☐	Binge Eating / Purging	☐	Emotional Trauma Victim	☐
Helplessness	☐	Intentional Starvation	☐	Physical Trauma Victim	☐
Worthlessness	☐	Difficulty Falling Asleep	☐	Sexual Trauma Perpetrator	☐
Unresolved Grief	☐	Difficulty Staying Asleep	☐	Emotional Trauma Perpetrator	☐
Alcohol Use	☐	Drug use	☐	Physical Trauma Perpetrator	☐

How long have you been bothered by these symptoms?

Days	☐	Weeks	☐	Months	☐	Years	☐

How severe are the symptoms?

Mild	☐	Moderate	☐	Severe	☐

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