

Deborah Orandon, MS, NCC, LMT  
 Self-Awareness Counseling  
 7409 SW Capitol Hwy #207  
 Portland, OR 97219  
 (503)729-9662

**Client Concern Checklist**

Name: \_\_\_\_\_ Date \_\_\_\_\_

*Please describe the frequency of each symptom. Additionally, put an X by the issues you would like to prioritize in counseling. Please add any concern that isn't listed.*

	When			Frequency		
	Present	Past	Never	often	Occasionally	seldom
Depression						
Anxiety/panic attacks						
Fears/phobias						
Mood swings						
Anger Issues						
Self esteem issues						
Social anxiety						
Hurting yourself						
Suicidal Thoughts						
Hurting others						
Homicidal thoughts						
Substance Abuse/Dependency						
Separation/Divorce						
Domestic Violence						
Physical or Sexual Assault						
Sexual Difficulties						
History of sexual abuse						
History of physical abuse						
History of emotional/verbal abuse						
Gambling Addiction						
Post Traumatic Stress						
Sexual addiction						
Other Behavioral addiction						
Problems with food						
Body satisfaction issues						
Relationship problems						
Sexual identity or Gender identity issues						
Parenting difficulties						
Career Problems						
Lack of interest						
Indecisiveness						
Poor Concentration or task completion difficulty						
Loss or Grief						
Persistent Guilt						
Low Energy						
Irritability						
Hopelessness						
Voices/hallucinations						
Compulsive/repetitive behaviors						
Obsessive/intrusive thoughts						
Nightmares						
Dissociation						
Unexplained memory loss or time loss						
Communication problems						
Fear of being alone						