

Dr. Linda Olson, Psy.D.

Patient's Name (Print) _____

Date _____

Please read all instructions before completing this form.

1. Please mark "X" in the "C" column if the symptom applies to you currently.
2. Please mark "X" in the "P" column if the symptom applies to you in the past.
3. Please mark "?" in the space if you do not know or understand the term.

C	P		C	P	
		DEPRESSION			ALCOHOL ABUSE
		ANXIETY			ALCOHOLISM
		PANIC			DUI
		PHOBIA			ILLEGAL DRUG USE
		MEMORY TROUBLE			SUBSTANCE ABUSE TREATMENT
		FEEL THINGS ARE UNREAL			EATING DISORDER
		FEEL EMPTY			MARRIAGE COUNSELING
		HAVE SPECIAL TALENTS			FEEL HOPELESS
		DIVORCE			MARITAL SEPARATION
		HEAR VOICES AT TIMES			COMMON-LAW MARRIAGE
		HAVE VISIONS			CHILDBIRTH
		BEAR GRUDGES			MISCARRIAGE
		FEEL WORTHLESS			ABORTION
		FEAR RELATIONSHIPS			SEXUAL PROBLEMS
		OVERSENSITIVE			PREVIOUSLY SAW PSYCHIATRIST
		INTENSE FEAR			PREVIOUSLY SAW PSYCHOLOGIST
		EXCESSIVE ANGER			PREVIOUSLY SAW THERAPIST
		EXCESSIVE SHAME			PHYSICAL ABUSE AS A CHILD
		NEVER FEEL GUILTY			SEXUAL ABUSE AS A CHILD
		SEVERE GUILT			VERBAL ABUSE AS A CHILD
		POST-TRAUMATIC STRESS			NEED TO BE CENTER OF ATTENTION
		LEARNING DISABILITY			RELATIVE HAD PSYCH. TREATMENT
		SPECIAL EDUCATION			CONVICTED OF A MISDEMEANOR
		BRAIN/HEAD INJURY			CHARGED WITH A FELONY
		GET LOST OFTEN			CONVICTED OF A FELONY
		FEAR REJECTION			BEEN IN JAIL
		FEAR ABANDONMENT			CANNOT STAND CRITICISM
		USE ASTROLOGY			ALCOHOLIC RELATIVE
		HAVE CUT WRIST/ARM/SELF			SUBSTANCE ABUSE IN RELATIVE
		THOUGHTS OF SUICIDE			IRRESPONSIBLE
		SUICIDE ATTEMPT			AFRAID OF PEOPLE IN GENERAL
		FAMILY HISTORY OF SUICIDE			BATTERED BY SPOUSE
		RECKLESS DISREGARD OF SAFETY			BEEN IN PSYCHIATRIC HOSPITAL
		LACK OF REMORSE			MEAN/CRUEL TO OTHERS
		SUICIDE ATTEMPT BY RELATIVE			CHECK THINGS REPEATEDLY
		HAVE A TATTOO			COMPULSIVE SAVER
		USE ILLEGAL DRUGS			SHORTNESS OF BREATH
		HAVE OVERDOSED			THINK OF DEATH
		HEADACHES			VERY JEALOUS
		FEEL LIKE ATTACKING PEOPLE			CANNOT HAVE FUN
		FEEL INFERIOR			AMNESIA
		BEEN RAPED			SLEEP PROBLEMS

C	P		C	P	
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		FEAR BEING ALONE			DRAMATIC
		INCONSIDERATE			POOR APPETITE
		PERFECTIONISTIC			IRRITABLE
		STUBBORN			CRY A LOT
		CANNOT REMEMBER			HANDS TINGLE
		SOCIAL WITHDRAWAL			CANNOT TRUST PEOPLE
		OVER-REACT TO MINOR EVENTS			SCHOOL DROPOUT
		IMPULSIVE			CANNOT SHOW TENDERNESS
		AVOID CROWDS			PARANOID
		HOT FLASHES			PERIODS OF HEAVY PERSPIRING
		BLURRED/DOUBLE VISION			LIGHTHEADED/FAINTNESS
		LONELY			CANNOT FORGET PAINFUL EVENT
		SENSITIVE			CONFIDENT
		FULL OF ENERGY			AMBITIOUS
		WORN OUT/BURNED OUT			LOYAL
		BORED			TRUSTWORTHY
		TENSE			FULL OF REGRETS
		JEALOUS			INADEQUATE
		EXCITED			CRUEL
		RESTLESS			IMMORAL
		RELAXED			CONSIDERATE
		HELPLESS			PECULIAR
		HAPPY			UNATTRACTIVE
		INTELLIGENT			UNLOVABLE
		STUPID			CONFUSED
		NAÏVE			HORRIBLE THOUGHTS
		HONEST			CONFLICTED
		INCOMPETENT			ATTRACTIVE
		GOOD SENSE OF HUMOR			CANNOT MAKE DECISIONS
		HARD-WORKING			UNFEELING
		BRIBERY			INTER-PERSONAL EXTORTION
		BULLYING			KINDNESS
		CHAUVINISM			LAZINESS
		CHEATING			MALICE
		CORRUPTION			NARROW-MINDEDNESS
		DECEPTIVENESS			POLITICAL ALIENATION
		EMPATHIC			POWER-SEEKING
		FANATICISM			PREJUDICE
		FRINGE BEHAVIOR			RUTHLESSNESS
		FREE WHEELING			SECRETIVE
		GENEROSITY			SELFLESSNESS
		GREED			SELFISH
		INFIDELITY			SWINGER

List other symptoms about which you would like us to know:

Patient's Signature: _____

Date: _____