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**CLIENT DATA AND CONTACT INFORMATION**

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

DOB \_\_\_\_\_ AGE: \_\_\_\_\_

Who referred you? \_\_\_\_\_

***I give my permission to be contacted by the means listed below:***

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Phone: home \_\_\_\_\_

Phone: work \_\_\_\_\_

Phone: cell \_\_\_\_\_

Email \_\_\_\_\_

Signature: \_\_\_\_\_

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

## INDIVIDUAL PROBLEM CHECK LIST

**Directions:** Put a number next to any item which you experience. 1=mildly, 2=moderately, 3=severely

### Emotional Concerns

- feeling generally anxious or nervous
- feeling panicky
- dwelling on certain thoughts or images
- having strong fears
- feeling out of control
- avoiding being with people
- fears of being alone or abandoned
- having nightmares
- flashbacks
- troubling or painful memories
- feeling numb instead of upset

- feeling depressed or sad
- being tired or lacking energy
- feeling unmotivated
- loss of interest in many things
- having trouble concentrating
- having trouble making decisions
- feeling the future looks hopeless
- feeling worthless or a failure
- feeling self critical or blaming yourself
- thoughts of hurting yourself
- feeling resentful or angry
- feeling irritable or frustrated
- feeling rage
- feeling like hurting someone

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### Behavioral and Physical Concerns

- not having an appetite
- eating in binges
- self induced vomiting for weight control
- often spending in binges
- engaging in risky behaviors
- temper outbursts
- impulsive reactions

- trouble being organized
- trouble finishing things
- using alcohol too much
- being alcoholic
- using drugs
- driving under the influence
- blackouts - after drinking

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### Intimate Relationship Concerns

- not feeling close to partner
- trouble communicating with partner
- not trusting partner
- lack of respect by partner
- partner being secretive
- lack of fairness in relationship
- lack of affection
- unsatisfactory sexual relationship

- frequent arguments
- partner being demanding and controlling
- violent arguments
- wanting to separate
- disagreeing about children
- children having special needs
- problems with in-laws
- problems with ex-partner
- problems with step parents

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### Sexual Concerns

- feeling a lack of sexual desire
- feeling neglected sexually
- feeling used sexually

- issues with orgasms or erections
- feeling negatively about sex

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### When Growing Up to Present Time:

- being physically abused - by whom?
- being emotionally abused - by whom?
- being sexually abused - by whom?
- having an alcoholic parent - which?
- having a drug abusing parent - which?
- having a depressed parent - which?
- having parents separate or divorce

- close family member dying - who?
- felt neglected or unloved - by whom?
- having an unhappy childhood
- having serious medical problems - what?
- having drug or alcohol problem
- having learning problems - what?
- having attempted suicide - when?

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**Stresses During the Past Several Years:**

- death of family member or friend - who?
  - self or family member hospitalized - who?
  - moved
  - being harassed or assaulted
  - separation/divorce
  - losing or changing job
  - financial trouble
  - legal problems
  - natural disaster
  - other \_\_\_\_\_
- 

**Life Style and Health**

- losing weight - how much? \_\_\_\_\_
  - gaining weight - how much? \_\_\_\_\_
  - trouble sleeping
  - # of hours I usually sleep: \_\_\_\_\_
  - smoking cigarettes
  - lack of exercise
  - not having leisure activities
  - serious or chronic illness -what: \_\_\_\_\_
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**Please state your Goals for the therapy:**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

**In this space, please share any additional information you think I should know.**