

Mental Health Symptoms Checklist

Name: _____

DoB: _____

Referring Practitioner (If applicable): _____

Practitioner: _____

PHYSICAL SYMPTOMS

- Headaches
- Stomach aches
- Vague aches and pains
- Other: _____

BEHAVIOURAL SYMPTOMS

- Avoidant behaviors
- Changes in sleeping habits
- Changes in eating habits
- Changes in sex drive (if applicable)
- Substance use (if yes, indicate frequency _____)
- Other: _____

EMOTIONAL SYMPTOMS

- Excessive worrying or fear
- Excessive sadness or low emotions
- Confused thinking
- Problems concentrating/learning
- Uncontrollable "highs" or feelings of euphoria
- Prolonged/Strong feelings of irritability or anger
- Self-harm thoughts

Suicidal Ideation

Fear of gaining weight

Other: _____

Other Concerns:

Additional Notes: