

# 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:**