

Jean Bringol & Associates
Family & Relationship Counseling ~ Austin, Texas

PRESENTING PROBLEMS
SYMPTOMS

- | | |
|--|---|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Sleep difficulties |
| <input type="checkbox"/> Loss of interest | <input type="checkbox"/> Impulses to hurt self or others |
| <input type="checkbox"/> Anxiety | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Memory loss | <input type="checkbox"/> Disorientation (moments of not knowing where you are or who you are) |
| <input type="checkbox"/> Compulsive behaviors | <input type="checkbox"/> Suspiciousness |
| <input type="checkbox"/> Mood swings | <input type="checkbox"/> Thought disorder |
| <input type="checkbox"/> Confusion | <input type="checkbox"/> Visual or auditory hallucinations (seeing or hearing things) |
| <input type="checkbox"/> Nausea/vomiting | <input type="checkbox"/> Obsessive preoccupations or repeated thoughts |
| <input type="checkbox"/> Depression | <input type="checkbox"/> Irritability |
| <input type="checkbox"/> Self-critical | <input type="checkbox"/> Weight gain or loss |
| <input type="checkbox"/> Excessive use of alcohol or drugs | <input type="checkbox"/> Lack of energy |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Medical problems |
| <input type="checkbox"/> Headaches | |
| <input type="checkbox"/> Shortness of breath | |
| <input type="checkbox"/> Hopelessness | |

COUPLE RELATIONSHIP

- | | |
|---|---|
| <input type="checkbox"/> Tension | <input type="checkbox"/> Alcohol or other addiction problems |
| <input type="checkbox"/> Arguments | <input type="checkbox"/> Stresses from health problems |
| <input type="checkbox"/> Emotional distance | <input type="checkbox"/> No couple relationship: _____ which is, _____ which is not a problem |
| <input type="checkbox"/> Sexual difficulties | |
| <input type="checkbox"/> Communication problems | |

WITH CHILDREN

Names and ages:

- | | |
|--|---|
| <input type="checkbox"/> Tension | <input type="checkbox"/> Problems in relationships between siblings |
| <input type="checkbox"/> Angry interchanges | <input type="checkbox"/> Health problems |
| <input type="checkbox"/> Children exhibiting emotional problems | <input type="checkbox"/> No children, _____ which is, _____ which is not a problem. |
| <input type="checkbox"/> Children exhibiting behavioral problems | |

EXTENDED FAMILY

- Recent losses
- On-going difficult interactions with: _____

WORK-RELATED (OR SCHOOL-RELATED)

- | | |
|---|---|
| <input type="checkbox"/> Upsetting interactions | <input type="checkbox"/> Financial insecurity |
|---|---|

COMMUNITY-RELATED

- | | |
|---|--|
| <input type="checkbox"/> Insufficient friendships | <input type="checkbox"/> Over-extended in friendship or community role |
| <input type="checkbox"/> Tensions in friendship relationships | <input type="checkbox"/> Other: _____ |

Your Name: _____ Date: _____