



CHECKLIST OF CLIENT CONCERNS

NAME:

Date:

Pre/Ongoing/Post

Below is a list of problems that clients frequently describe to us. Please check off any that match your current concerns. If you are not sure whether to endorse an item, use the past week as a guide. Feel free to add any comments as necessary. Thank you.

Immune System

1. Allergies
2. Asthma
3. Frequent colds, infections
4. Yeast infections
5. Fatigue

Sleep

6. Difficulty falling asleep
7. Wakeful or restless during night
8. Waking up early
9. Difficulty waking up
10. Nightmares or night terrors

Snoring

12. Sleep walking

Skin/Hair/Nails

13. Problems with skin
14. Hair
15. Nails

Eyes

16. Double or blurred vision
17. Blind spots
18. Spots in your vision

Ear/Nose/Throat

19. Hearing loss
20. Ringing in ears
21. Earaches
22. Sense of smell changed or lost
23. Nose or sinuses blocked
24. Grinding your teeth
25. Sense of taste changed or lost
26. Hoarseness or sore throat

Heart/Lungs

27. Problems breathing
28. Heart problems
29. Hypertension
30. Palpitations
31. Dizziness

Intestines

32. Nausea or vomiting
33. Gastric pain
34. Gas or bloating
35. Irritable bowel

36. Diarrhea

37. Constipation

Hormonal/Blood

38. Appetite problems (e.g. wanting to eat when not hungry, etc)

39. Diabetes

40. Desire for sweets or carbohydrates

41. Sensitivity to heat or cold

42. Thyroid problems

43. PMS symptoms

44. Hot flashes

45. Other menopausal symptoms

46. Low interest in sex

47. Excessive interest in sex

Bones/Joints/Muscles

48. Pain or stiffness in joints or muscles

49. Sore trigger points

50. Fibromyalgia

51. Bodily fatigue

Nervous System

52. Headaches or migraines

53. Fainting

54. Seizures

55. Memory loss

56. Blocking on words

57. Reading problems

58. Difficulty speaking

59. Tremor (shaking)

60. Weakness

61. Hyperactivity

62. Problems with balance

63. Motor or vocal tics

Attention and Organization

64. Difficulty focusing

65. Easily distracted

66. Make mistakes

67. Difficulty organizing activities

68. Not completing tasks

69. Lose train of thought

School/Learning

70. Difficulty completing schoolwork

71. Getting into trouble at school

72. Inverting letters/numbers

73. Spatial problems (e.g. difficulty building things, understanding how things should be put together)

74. Difficulty with particular subjects

Bowel/Bladder

75. Difficulty urinating

76. Difficulty holding your urine

77. Difficulty controlling your bowels

78. Frequent bladder infections

Habits

79. Sometimes drink too much

80. Smoke cigarettes

81. Concerns about your diet

82. Desire caffeine

83. Use marijuana

84. Other addictions

Behavior/Emotions

85. Mood swings

86. Feeling down, depressed or flat

87. Feeling sad

88. Feeling anxious

89. Panic attacks

90. Worry

91. Thoughts that won't leave your mind

92. Need to repeat actions or words over and over

93. Bingeing

94. Restricting your food intake

95. Making yourself vomit

96. Phobias- avoiding things

97. Feeling others are against you

98. Behaviors that get you into trouble, or are not good for you

99. Feeling angry a lot

100. Impulsive

101. Feeling overwhelmed