

Montana City Counseling

Michael A Emerson, Ph.D.

Canyon Enterprise Plaza ~ Suite 202 ~ 11 Friendship Ln ~ Montana City, Montana 59634
Phone 406-495-0956 ~ Fax 406-442-8090 ~ Email drmichaele@gmail.com
License Number 470 LCPC

Name: _____ Date: _____

Please reply to all the following questions.

How strongly do you want treatment for this problem/issue?

Very Much Moderately Could do without it

CLINICAL

State in your own words the nature of your chief complaint/concern:

What would you like to see as a result of therapy?

Mark (circle) any of the following that apply:

Depressed mood, Diminished interest or pleasure in activities, Weight loss or weight gain, Sleep issues, Motor agitation, Lack of energy, Fatigue, Feelings of (worthlessness, hopelessness), Concentration difficulties, Inductiveness, Suicidal thought, Thoughts of death, Fear, Anxiety, Distress, Worry, Reluctance to go out, Fear of being alone, Attachment to home, (stomach aches, headaches, nausea – when separated from attachments), Avoidance of things, Shortness of breath, Palpitations, Sweating, Numbness, Dizzy, Chest pain, Choking feeling, Trembling, Feeling not real, Chills, Mood swings, Increased goal directed activity, Fight of ideas, Talkative, Distractibility, Decreased need for sleep, Mood causes problems, Excessive use of drugs or alcohol, Exposure to trauma, Intrusive memories of trauma, Distressing dreams, Flashbacks, Loss of awareness, Prolonged distress, Hyper arousal issues, (persistent negative feelings such as anger, guilt, shame, or horror), Detachment from others, irritability, Hypervigilance, Self-destructive behavior, Aggression, Family issues, Marital issues, Work(school) issues, Peer issues, Stress, Tension, Abuse, Communication issues, Self-esteem issues, Financial issues, Anger, Fighting, Crying, Lonely, Lying, Yelling, Spouse abuse, Home conditions bad, Worry.