

**Compass Counseling and Consulting Services LLC**

**L. Chemical use**

Do you have a history of or do you currently abuse substances (ex. Alcohol, illegal drugs, prescription medications)? If so, please describe:

**M. Legal history**

Do you have a history of legal difficulties, including arrests, convictions, lawsuits, etc.? If so, please describe:

**N. Chief Concern(s)**

Current Symptoms Checklist: (check once for any symptoms present)

- Depressed mood    Racing thoughts    Excessive worry    Unable to enjoy activities  
 Impulsivity    Panic attacks    Sleep disturbances    Increased risky  
behavior    Loss of interest    Increased Libido    Hallucinations    Difficulties  
concentrating    Suspiciousness    Excessive guilt    Increased irritability    Fatigue  
 Frequent crying    Decreased libido    Memory problems    Decrease need for sleep  
 Avoidance of social situations

**Please describe other difficulties that you may have:**