



BWTS Intake Form - Symptom Check List

Please place a mark next to all symptoms, behaviors, concerns or challenges that you would like to work on as well as are dealing with now or previously.

Symptoms	Now	Past	Symptoms	Now	Past	Symptoms	Now	Past
Behavioral Health			Physical Symptoms			Trauma-Injury-Abuse		
Anger or Temper			Abdominal Distress			Child Abuse		
Anxiety			Allergies			Child Sexual Abuse		
Careless Mistakes			Shortness of Breath			Domestic Violence		
Communication			Chills or Hot Flashes			Emotional Neglect		
Completing Tasks			Chest Pain			Physical Abuse		
Concentration			Diarrhea			Physical Trauma		
Confusion			Dizziness			Head Injury		
Depression			Fatigue			Sexual Assault		
Distracted by Noises			Fainting			Severe Accident		
Eating Problems			Frequent Vomiting			Natural Disaster		
Excessive Worry			Getting to Sleep			War		
Fears			Headaches			Discrimination		
Feeling Manic			Heart Palpitations			Racism		
Fidgeting			Loss of Memory					
Guilt			Lump in the Throat			Stressors		
Helpless Feelings			Nausea			Finances		
Homicidal Ideation			Pain in joints			Legal Problems		
Hopeless Feelings			Severe Weight Gain			Homelessness		
Hurting Self			Severe Weight Loss			Medical Issues		
Hyperactivity			Sexual Concerns					
Irritability			Shaking			Relationship Issues		
Low Self Esteem			Sleeping Too Little			Co-Worker(s)		
Mood Changes			Sleeping Too Much			Employers		
Muscle Tension			Sweating			Friend(s)		
Nightmares			Waking Too Early			Parents		
Panic						Marriage		
Paying Attention			Substance Issues			Children		
Self-Harm			Alcohol			Significant Other		
Speak W/out Thinking			Drugs			Divorce		
Suicidal Gestures			Caffeine					
Suicidal Ideation			THC			Other		
Trusting Others			Opioid					
Waiting Your Turn			Blackouts					