

SYLVAN PSYCHOLOGICAL, PLLC

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Presenting Problems

Name (Last, First): _____

Please briefly describe what you need from psychological testing:

Next, please rate each of the following problems as they impact you. **None** = This issue does not have an impact on me. **Mild** = This issue has a minimal effect on me. **Moderate** = This issue has a significant impact on my life, but I am still typically able to function. **Severe** = This issue has a significantly negative impact on me and regularly interferes with my quality of life. **Extreme** = This issue has a profoundly negative impact on the quality of my life, to the extent of being completely incapacitating.

PROBLEM	NONE	MILD	MODERATE	SEVERE	EXTREME
<i>Mood Issues</i>					
Aggression					
Apathy					
Anger					
Bad temper					
Emptiness					
Excessive crying					
Guilt or self-blame					
Hopelessness					
Intense happiness/euphoria					
Irritability					
Mood swings					
Sad/depressed mood					
Thinking about death or dying					

PROBLEM	NONE	MILD	MODERATE	SEVERE	EXTREME
Wanting to cut or harm myself					
Wanting to kill myself/contemplating suicide					
Worthlessness					
<i>Cognition Issues</i>					
Attention problems					
Difficulty arriving on time					
Difficulty focusing/concentrating					
Disorganization					
Feeling disconnected from my body					
Forgetfulness					
Hearing voices or sounds others can't seem to hear					
Impulsivity					
Memory problems					
Mental sluggishness					
Procrastination					
Seeing things other people can't seem to see					
Surroundings feel strange or unreal					
<i>Anxiety Issues</i>					
Feelings of dread					
Feeling tense					
Hoarding					
Nervousness					
Panic attacks					
Phobia/Intense and specific fears					
Obsessions/compulsions					
Worry					
<i>Physical Issues</i>					
Chest tightness					
Chronic illness					
Chronic pain					
Dizziness					
Excessive appetite					
Excessive energy					
Fatigue/low energy					
Gastrointestinal problems					
Headaches					
Low appetite					
Physical sluggishness					
Muscle tension					
Nausea					
Rapid breathing/hyperventilation					
Sweating					

PROBLEM	NONE	MILD	MODERATE	SEVERE	EXTREME
Terminal illness					
Weight gain					
Weight loss					
<i>Eating/Body Image Issues</i>					
Excessive exercising					
Overeating					
Purging/inducing vomiting					
Restrictive diet					
Unhappy with body image, shape, or weight					
Using laxatives to lose weight					
<i>Interpersonal Issues</i>					
Avoidance of social situations or spaces					
Difficulties communicating					
Difficulties making friends					
Difficulties with relationships					
Difficulty trusting others					
Discrimination/prejudice					
Feeling that others are out to get me					
Intense embarrassment					
Problems with family					
Problems with significant other					
Problems with workplace					
Wanting to hurt others					
<i>Trauma and Abuse</i>					
Bullying/harassment					
Childhood abuse					
Childhood neglect					
Developmental/complex trauma					
Domestic violence					
Easily startled					
Emotional abuse					
Feeling constantly on guard					
Feeling numb or detached					
Flashbacks/re-experiencing					
Physical abuse					
Post-Traumatic Stress Disorder (PTSD)					
Sexual abuse					
Sexual assault					
Sexual harassment					
<i>Alcohol and Substance Issues</i>					
Binge drinking					

PROBLEM	NONE	MILD	MODERATE	SEVERE	EXTREME
Difficulty controlling use of alcohol or substances					
Heavy drinking					
Legal problems related to alcohol or substances					
Strong desire/cravings to use alcohol or substances					
Use of alcohol or substances having a negative impact on daily functioning					
Use of alcohol or substances having a negative impact on relationships					
Withdrawal symptoms from using alcohol or substances					
<i>Sleep Issues</i>					
Difficulty staying asleep					
Difficulty waking up					
Insomnia/difficulty falling asleep					
Nightmares					
<i>Other Issues</i>					
Academic problems					
Divorce/break-up					
Gender identity					
Financial problems					
Grief/Loss					
Perfectionism					
Relationship orientation					
Risky behaviors					
Sexual difficulties					
Sexual identity/orientation					

If you have any issues other than the ones listed above, please elaborate here:
