## Outpatient Psychiatric Clinic initial symptom review

What are the main things you are hoping to talk about today?

Are you experiencing of the following?
☐ Low mood
☐ Crying spells
☐ Feelings of worthlessness
☐ Feelings of hopelessness
☐ Thoughts of hurting yourself
☐ Thoughts of hurting others
☐ Thoughts of ending your life
☐ Lack of energy
☐ Sleeping too much
☐ Sleeping too little
☐ Frequent nightmares
☐ Too much energy
☐ Drinking too much alcohol
☐ Using drugs
☐ Feeling irritable
☐ Doing risky things
☐ Feeling on top of the world or very happy
☐ Feeling nervous
☐ Worrying too much
☐ Panic attacks
☐ Avoiding things that make you anxious
☐ Frequent unpleasant thoughts, urges, or images
$\square$ Needing to repeat certain behaviors or mental acts over and over again
☐ Difficulty concentrating
☐ Getting easily distracted
☐ Trouble with memory or forgetfulness
☐ Hallucinations
☐ Paranoia
☐ Distress about the way your body looks
☐ Concern about your weight
☐ Binge eating
☐ Making yourself vomit

How many hours of sleep are you currently getting per night?