Acuity Brain Center

Patient Name: _____ DOB: _____ Acct #: _____

PLEASE CHECK ALL THAT APPLY:	____ Recurrent use of substance resulting in failure to fulfill obligations at work, school or home
____ Closed head injury	____ Recurrent substance use in situation which is physically hazardous
____ Inattention to details/careless mistakes	____ Recurrent substance related legal problems
____ Sustaining attention	____ Social or interpersonal problems related to affects of continued substance use
____ Poor listener when spoken to directly	____ Social & emotional interaction w/others
____ Poor follow through on instructions	____ Eye contact / Facial expression
____ Difficulty organizing tasks/activities	____ Body postures & gestures
____ Dislikes /avoids tasks requiring attention	____ Poor appropriate peer relationships
____ Often looses necessary items	____ Lack of spontaneous seeking to share enjoyment, interest, or achievements with others
____ Easily distracted	____ Intense pre-occupation on specific interests
____ Forgetful in daily activities	____ Inflexible with routines & rituals
____ Impaired performance	____ Repetitive gestures
____ Fidgets or squirms	____ Persistent preoccupation with parts of objects
____ Can't stay seated	____ Delay in or lack of spoken language
____ Inappropriately runs / climbs	____ Impaired conversation skills
____ Can't play quietly	____ Repetitive phrases or words
____ Often "on the go"	____ Lack of creative play
____ Talks excessively	____ Loss of interest or pleasure
____ Interrupts	____ Weight Changes
____ Blurts out answers prematurely	____ Suicidal thoughts
____ Difficulty waiting turn	____ Sleep problems
____ Environmental Anxiety	____ Restlessness or being slowed down
____ Social Anxiety	____ Fatigue or loss of energy
____ Chronic Anxiety (more days than not)	____ Decreased ability to concentrate
____ Panic Attacks	____ Excessive sleep
____ Obsessive worry	____ Difficult to initiate/maintain sleep
____ Restlessness/Keyed Up	____ Sleep disturbances cause functional impairment.
____ Anxiety/worry or physical symptoms cause significant distress	____ Sleep disturbance is not related to meds/drugs or mood disturbances
____ Easily fatigued	____ Nightmares

____ Difficulty concentrating or mind going	____ Handwriting problems (age relative)
____ Irritability	____ Clumsiness (coordination)
____ Muscle tension	____ Balance
____ Sleep disturbances	____ Poor judgment
____ Problems following verbal instructions	____ Reactive attachment disorder
____ Poor listening skills	____ Excessive familiarity with relative strangers
____ Repetitive behavior or mental acts that you are driven to do because of obsessive thoughts	____ Resistance to comforting or avoidance to caregiver attachment
____ Behavior or mental acts conducted to reduce stress or anxiety	____ Spelling difficulty
____ Rigid or stubborn	____ Tic disorder
____ Hoards money for future catastrophes	____ Memory problems
____ Reluctant to delegate unless done your way	____ Short Term (last year)
____ Unable to discard worthless or worn out objects	____ Long Term
____ Inflexible regarding morals, ethics or values	____ Working Memory (required to complete routine task)
____ Puts work above leisure and friendships	____ Obsessive problems
____ Perfectionism interferes with task completion	____ Recurrent & persistent thoughts, impulses or images (not real life worries) causing anxiety
____ Preoccupied with details, rules, lists,	____ Seizure disorder
____ Difficulty expressing your emotions/the	____ Stroke
	____ Tremor
____ Difficulty reading others emotions	____ Reads below grade level
____ Emotional control problems	____ Reading deficit interferes with academic achievement or daily activities
____ Range of emotion ___anger __ joy	____ Performs math below grade level
____ Lack of confidence _____ Ability, _____Appearance, ____ Fear (insecurity, obsessive worry)	____ Math deficit interferes with academic achievement or daily activities
____ Argues w/authority figures	____ Difficulty reading a map or poor direction orientation
____ Does not follow rules	____ Difficulty with word recall
____ Frequently says NO	____ Difficulty expressing yourself verbally
____ Blames others for mistakes or misbehavior	____ Frequently use the wrong word
____ Looses temper often	____ Difficulty pronouncing words
____ Deliberately annoys others often	____ History of many physical complaints beginning before age 30 for which you have sought treatment or from which you become impaired
____ Easily annoyed	____ No medical diagnosis to explain the following:
____ Angry or resentful	____ Pain in at least 4 of the following areas: (PLEASE CIRCLE)

____ Spiteful & vindictive	Head, Abdomen, Back Joints, Extremities, Chest, Rectum, Menstrual Pain, During Urination, During Sexual Intercourse
____ Post-traumatic-stress-disorder	____ At least 2 of the following: Nausea, Bloating, Vomiting, Diarrhea, Food Intolerance
____ Reward deficiency syndrome	____ At least one of the following: Sexual Indifference, Rectal or Ejaculatory Dysfunction, Irregular Menses, Excessive Menstrual Bleeding, Vomiting Throughout Pregnancy
____ Sensory integration problem	____ At least one of the following: Impaired Coordination or Balance, Paralysis or Localized Weakness, Difficulty Swallowing or Lump in Throat, Loss of Voice, Urinary Retention, Hallucinations, Loss of Sensation, Double Vision, Blindness, Deafness, Seizures, Amnesia and Loss of Consciousness (Other than Fainting)
____ Over sensitivity to touch (fabric, tags, seams)	____ Movement (riding in car, swing, carousels, etc.)
____ Sights (bright lights) or sounds (noisy environment, loud noises)	____ Under reactivity to touch, movement, sights, or sounds
____ Difficulty in making transitions from one situation to another	____ Activity level that is unusually high or unusually low
____ Difficulty learning new movements	____ Delays in speech, language, or motor skills
____ Physical clumsiness or apparent carelessness Inability to unwind or calm self	____ Poor self awareness of personal space, often invades the personal space of others and intolerant of invasion of their personal space
Please list below your top 5 complaints	
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