4237 Salisbury Rd N Ste 207
Jacksonville, FL 32216
P:904-294-5329
F:904-485-8460
E: socialcareservices@gmail.com

Social Care Services, LLC-Symptom Checklist

Name:_____ Date:_____

Current Symptoms (Check All That Apply)

☐ None ☐ Stealing ☐ Truancy ☐ Imprisoned
☐ Arrests ☐ Destroys Property ☐ Conduct Problems ☐ Cruelty to Animals
☐ Fire Setting ☐ Convictions ☐ Uses Assumed Names ☐ Frequent Lying
☐ Family Destruction ☐ Running Away from Home ☐ Insomnia ☐ Overeating ☐ Suicidal Ideations
☐ Suicidal Attempts ☐ Homicidal Ideations ☐ Lack of motivation ☐ Fatigue ☐ Depressed Mood
☐ Manic Episodes ☐ Grief ☐ Family Problems
☐ Loss of Interest ☐ Excessive Energy ☐ Impulsivity ☐ Irritability ☐ Racing Thoughts ☐ Crying Spells
☐ Risky Activity ☐ Hallucinations ☐ Delusions ☐ Anxiety ☐ Poor concentration ☐ Forgetful
☐ Hyperactive ☐ Anger Outbursts ☐ Libido Changes ☐ Physical Abuse ☐ Sexual Abuse ☐ Drug/Alcohol Use
☐ Unable to communicate age appropriate needs/wants/feelings:
☐ Non-compliant with rules ☐ Physically abusive ☐ Verbally aggressive
☐ Exhibits Repetitive Behavior ☐ Isolates from environment
☐ Inappropriate Sexual Behavior (**explain)**
☐ Any symptoms not listed above: _____
_____

Medication List

Is the client taking any medications? ___Yes ___No

Please list all medications prescribed:_____
_____
_____

What areas would client like to work on/focus in treatment:_____
_____
_____
_____
_____