onetoone

Psychology & Counselling Form

Please select any symptoms you are currently experiencing or have experienced in the past 2 weeks.

Emotional Symptoms

- ☐ Feeling sad or depressed
- ☐ Excessive crying
- ☐ Irritability or anger
- ☐ Mood swings
- ☐ Feelings of hopelessness
- ☐ Feeling numb or detached

Anxiety-Related Symptoms

- ☐ Excessive worrying
- ☐ Restlessness or feeling on edge
- ☐ Social anxiety or discomfort in social settings
- ☐ Panic attacks
- ☐ Fear of specific situations or objects
- ☐ Obsessive thoughts or compulsive behaviors

Physical/Somatic Symptoms

- ☐ Sleep problems (trouble falling/staying asleep, oversleeping)
- ☐ Changes in appetite or weight
- ☐ Headaches, stomach aches, or other unexplained physical pain
- ☐ Fatigue or low energy
- ☐ Racing heart or shortness of breath

Cognitive Symptoms

- ☐ Difficulty concentrating
- ☐ Indecisiveness
- ☐ Feeling disconnected from reality or surroundings
- ☐ Memory problems
- ☐ Intrusive thoughts

Behavioral Symptoms

- ☐ Withdrawal from friends/family
- ☐ Self-harming behaviors
- ☐ Difficulty at work or school
- ☐ Increase in substance use (alcohol, drugs)
- ☐ Risky or impulsive behavior

Other Concerns

- ☐ Grief or loss
- ☐ Trauma or abuse history
- ☐ Suicidal thoughts or ideation
- ☐ Relationship issues
- ☐ Identity or self-esteem issues
- ☐ Other (please specify): _____