

SYMPTOMS CHECKLIST

Are you experiencing any of the following symptoms?
If so, please describe and include frequency.

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- Depression _____
 - Crying Spells _____
 - Moodiness, Changeable Moods _____
 - Sleep Disturbance _____
 - Loss of Appetite _____
 - Lack of Energy _____
 - Loss of Interest _____
 - Loss of or Decreased Sex Drive _____
 - Thoughts of Suicide _____
 - Feelings of Doom or Death _____
 - Restlessness _____
 - Anxiety or Nervousness _____
 - Recurrent Thoughts or Worries _____
 - Repetitive Behaviors _____
 - Fears or Phobias _____
 - Fear of Being Alone _____
 - Fear of "Going Insane" _____
 - Poor Memory _____
 - Periods of "Going Blank" _____
 - Confusion _____
 - Indecision _____
 - Shyness _____
 - Loneliness _____
 - Sensitivity to Criticism _____
 - Jealousy _____
 - Temper Outbursts _____
 - Violent Behavior _____
 - Trouble Getting Along With Others _____
 - Suspiciousness (*Feeling Someone is Watching You, Following You, or "Out to Get You"*) _____

 - Hallucinations (*Seeing or Hearing Things that Other People Don't See or Hear*) _____

 - Guilty Conscience _____
 - Unusual Habits _____
 - Work Problems _____
 - Headaches _____
 - Stomach Problems _____
 - Heart Irregularities _____
 - Chest Pain _____
 - Seizures or Convulsions _____
 - Dizziness _____
 - Other symptoms you think are important _____
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