

# Fenton Behavioral Health Services, L.L.C.

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In preparation for your first visit to Fenton **Behavioral Health Services**, please down-load and complete this inventory.

## 1. Please Circle any of the following that may be causing you difficulty at this time:

Assertiveness	Parenting	Bowels	Bedwetting	Nightmares
Sadness	Religion	Inferiority	Education	Physical abuse
Rage	Fatigue	Anger	Nervousness	Alcohol use
Verbal Abuse	My past	Loneliness	Health Issues	Depression
Relationships	Inferiority	Headaches	Relaxation	Self-control
Sexual abuse	Appetite	Separation	Stomach issues	Obsessions
Family	Anxiety	Ambition	Sleep problems	Confusion
Decision Making	Work	Grief/loss	Social isolation	Children
Drug use	School	Stress	Too much energy	Ulcers
Fears	Career	Guilt	Not enough energy	
Focus	Fatigue	Memory	Suicidal thoughts	
Impulsive buying				

Other issues : \_\_\_\_\_

## 2. Please put an \* by those items that are causing you the most difficulty at this time.