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Symptom Check List

Do you (or your child) experience or have experienced any of the following and for how long?

Symptom (please circle)

Currently?

Depressed Mood

Decreased Energy

Irritability

Low Self-esteem

Sleep disturbance

Hopelessness

Appetite Disturbance

Decreased Concentration

Suicidal Thoughts

Suicide Attempts

Self-mutilation/cutting

Elevated Mood

Racing Thoughts

Grandiosity

Excessive Worrying

Panic Attacks

Obsessions

Habitual/ritualistic behaviors

Traumatic Experiences

Sexual/Physical Abuse

Nightmares

Flashbacks

Substance Abuse/Addiction

Other Addiction

Hearing Voices

Seeing things that are not there

Beliefs others may find strange or weird

Preoccupation with body image

Food Binging

Purging (vomiting/laxatives/etc)

Violent/Aggressive Behavior

Prison/Jail/Probation

Abusive Relationship(s)