

Harmonia:
Madison Center for Psychotherapy, LLP

406 North Pinckney Street □ Madison, Wisconsin 53703 □ 608/255-8838

CLIENT INFORMATION

These questions are asked of everyone beginning therapy. We find them useful as they cover areas that may have been missed during early sessions. You may find some questions unrelated to yourself. Answer them by writing no.
All information is confidential and will not be used without your permission.

Date _____

1. Name _____ Age _____ Email: _____

2. Address: _____

3. Phones: H: _____ C: _____ W: _____

4. Date of Birth _____ Primary Physician _____

5. Marital/partner status _____ How long? _____

6. Sexual Orientation: _____ Gender Identity: _____ Preferred Pronoun: _____

7. Living Situation _____

8. Children _____

9. Occupation _____ Employer _____

10. How did you choose Harmonia _____

11. Have you ever been in therapy/counseling before? _____ When? _____

Where? _____ With whom? _____

12. Have you ever been hospitalized for emotional problems? _____

Where? _____ When? _____

13. Have you been experiencing changes in sleep? _____ Appetite? _____

Concentration? _____ Memory? _____ Relationship with partner? _____

14. Have you been feeling like harming yourself (suicidal)? _____

Have you ever felt that way? _____ Have you ever attempted suicide? _____

15. Are you feeling depressed or sad more than usual? _____ Hopeless? _____

Nervous or tense? _____

16. Do your feelings change quickly (happy-sad, etc.)? _____

17. Do you ever have experiences hearing or seeing things other people might not? _____

18. Do you think people are trying to harm you or are following/watching you? _____

19. Are you bothered by thoughts or actions you cannot control? _____

20. Do you think you have a problem with alcohol or drugs? _____

Do others think you do? _____

The following questions refer to your childhood family or any of your family or adult relationships.

21. Did/does anyone in your family have an alcohol/drug problem? _____
22. Was there any child abuse or other violence in your family? _____
23. Was there any incest or sexual molestation in your family? _____
Who? _____ What kinds of problems? _____
24. Did anyone in your family have emotional problems or a diagnosed mental illness? Did anyone take medication for emotional problems? _____

Your current concerns:

25. Briefly summarize what problems you are having that brought you to Harmonia: Madison Center for Psychotherapy.
25. Briefly summarize what you would see as success at the end of therapy.
26. Have there been major changes in your life during the recent past (job change, moving, divorce, illness, death of friends or relatives, or other difficulties)? Please give dates.
27. Is there anything else you think we should know that would help us in working with you?