Harmonia:
Madison Center for Psychotherapy, LLP
406 North Pinckney Street Madison, Wisconsin 53703 608/255-8838

## Medical/Physical History

Client Name_____

Name and address of your primary physician:
Physician's name_____
Address:

_____

List any major illnesses and/or operations you have had:

Please check those that apply:

| Present | Past: | | Present | Past: | |
|---|---|---|---|---|---|
| ____ | ____ | Aids/HIV | ____ | ____ | Eating problems |
| ____ | ____ | Alcohol Abuse | ____ | ____ | Epilepsy |
| ____ | ____ | Abortion | ____ | ____ | Frequent urination |
| ____ | ____ | Allergies | ____ | ____ | GI Issues |
| ____ | ____ | Anemia | ____ | ____ | Headaches |
| ____ | ____ | Arthritis | ____ | ____ | Hearing problems |
| ____ | ____ | Asthma | ____ | ____ | Menstrual problems |
| ____ | ____ | Bed wetting | ____ | ____ | Miscarriages |
| ____ | ____ | Blood pressure problem | ____ | ____ | Mononucleosis |
| ____ | ____ | Cancer | ____ | ____ | Neurological disorders |
| ____ | ____ | Chest pain | ____ | ____ | Sexual Issues |
| ____ | ____ | Chronic fatigue | ____ | ____ | Sexually transmitted infection |
| ____ | ____ | Chronic pain | ____ | ____ | Sleeping disorders |
| ____ | ____ | Dental problems | ____ | ____ | Stroke |
| ____ | ____ | Diabetes | ____ | ____ | Thyroid problems |
| ____ | ____ | Dizziness/Fainting | ____ | ____ | Tobacco Use |
| ____ | ____ | Drug abuse | ____ | ____ | Other (describe): |

List any Physical concerns you are having at present:

When was your last complete physical exam?_____

Last doctor visit?_____ Reason?:

Last dental exam?_____

List your current prescribed medications:

List your current over-the-counter medications:

Are you allergic to any medications?_____ Describe:

Do you use holistic practitioners (chiropractic, massage, acupuncture,etc)?

Do you exercise?_____ Regularly?_____ What kind?:

Describe your eating patterns and types of food you eat:

Describe your sleeping patterns:

Family history of medical problems:

Therapist Signature_____Date_____