

**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?