

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 _____