



MIDWEST CENTER FOR PSYCHOTHERAPY & SEX THERAPY

Chart # _____

6300 University Avenue • Suite 125 • Middleton, WI 53562 • (P) 608-237-8000 • (F) 608-237-8005 • www.midwestcentertherapy.com

Date: _____ Your Name: _____

This questionnaire is to help us understand you and your needs. It will be used by us and will not be made available to anyone outside this office without your written permission, except for purposes of licensure audit.

1. Marital or relationship status? _____ 2. How long? _____

3. Children: Age: _____ Sex: _____ Age: _____ Sex: _____ Age: _____ Sex: _____

4. Occupation _____ How long? _____

5. Living Arrangement _____

6. How did you choose us? _____

7. Were you referred to us by anyone? _____ By whom? _____

8. Have you ever been in therapy / counseling before? _____ If yes, when? _____
Where? _____ With Whom? _____

9. Have you ever been hospitalized for emotional problems? _____ If yes, when? _____
Where? _____
For how long? _____

10. Are you currently taking any medication(s)? _____ If yes, name of medication(s)? _____

Amount taken _____
Physician's name _____

11. Are you allergic to any medication? _____ If yes, what? _____

12. Name and address of personal physician _____

13. Do you have any medical problems? _____ If yes, please describe: _____

(over)

14. In the last year, have you experienced changes in sleep? _____ Appetite? _____ Concentration? _____
Memory? _____ When? _____
15. Have you been feeling like harming yourself? _____ Have you seriously thought about suicide? _____
Have you ever attempted suicide? _____ When? _____
16. Are you feeling depressed (sad) more often than usual? _____ Nervous or tense? _____
17. Do you have mood swings? _____
18. Do you ever have experiences hearing or seeing things that other people might not? _____
19. Do you feel people are trying to harm you or are following or watching you? _____
20. Are you bothered by any thoughts or actions you cannot control? _____
21. Do you feel you have a problem with alcohol or drugs? _____ Do others feel you do? _____
22. Have there been any major changes in your life within the last year? (For example: new job, change in relationship status, death in the family) _____

23. Please summarize briefly what problems you are having that brought you to Midwest Center for Psychotherapy and Sex Therapy

24. Please summarize how you / your life might be different if these problems were resolved in therapy _____

25. Please list those qualities or skills you see as your strengths _____

26. Is there anything else you feel we should know that would help us in working with you? _____

