

Harmony Healing
Cindy Ostuni, LCSW-R and Kathleen Tryon, LCSW-R
Office Phone: 315-436-5428
Fax: 315-422-2022

Confidential Personal Record

Date _____ SS# _____

Name _____ Date of Birth _____ Age _____

Address _____

Home Phone Number _____ Can we leave a message? Yes ___ No ___

Work Phone Number _____ Can we leave a message? Yes ___ No ___

Employer _____

Address _____

Who referred you to us? _____

Family History:

1. What is your relationship status? Single ___ Dating ___ Married ___ Domestic Partner ___
Divorced ___ Widow(er) ___

2. What is your partner's name? _____ Age _____

3. Do you have children? Yes ___ No ___
Names and ages of children _____

4. With whom do you live? _____

5. How many brothers and sisters do you have? _____

6. Are you the oldest, youngest, or middle child? _____

7. Have you been married before and/or have you lived with another significant partner in the past? Yes ___
No ___ Name _____ Age _____

8. What is your religion? _____

Read each statement and circle the number that best describes how true this feels to you today:

	Not at all true	a little true	moderately true	very true
1. I feel down-hearted and blue	1	2	3	4
2. Morning is when I feel best	4	3	2	1
3. I have crying spells or feel like it	1	2	3	4
4. I have trouble sleeping at night	1	2	3	4
5. I eat as much as I used to	4	3	2	1
6. I still enjoy sex	4	3	2	1
7. I notice I am losing weight	1	2	3	4
8. I have trouble with constipation	1	2	3	4
9. My heart beats faster than usual	1	2	3	4
10. I get tired for no reason	1	2	3	4
11. My mind is as clear as it used to be	4	3	2	1
12. I find it easy to do the things I used to	4	3	2	1
13. I am restless and can't keep still	1	2	3	4
14. I am hopeful about the future	4	3	2	1
15. I am more irritable than usual	1	2	3	4
16. I find it easy to make decisions	4	3	2	1
17. I feel that I am useful and needed	4	3	2	1
18. My life is pretty full	4	3	2	1
19. I feel others would be better off if I were dead	1	2	3	4
20. I still enjoy the things I used to	4	3	2	1

Add up columns and tally for total raw score

total _____

Conversions: 20/25, 21/26, 22/28, 23/29, 24/30, 25/31, 26/33, 27/34, 28/35, 29/36, 30/38, 31/39, 32/40, 33/41, 34/43, 35/44, 36/45, 37/46, 38/48, 39/49, 40/50, 41/51, 42/53, 43/54, 44/55, 45/56, 46/58, 47/59, 48/60, 49/62, 50/63, 51/64, 52/65, 53/66, 54/68, 55/69, 56/70, 57/71, 58/73, 59/74, 60/75, 61, 76, 62/78, 63/79, 64/80, 65/81, 66/83, 67/84, 68/85, 69/86, 70/88, 71/89, 72/90, 73/91, 74/92, 75/94, 76/95, 77/96, 78/98, 79/99, 80/100.

(50 Normal, 50-59 Mild, 60-69 Moderate to marked, 70 and higher Severe)

During the past week, has there been any time when you experienced any of the symptoms listed below?

- | | | |
|---------------------|----------------|--------------------------|
| Palpitations | Heart Pounding | Chest pain or discomfort |
| Sweating | Trembling | Shaking |
| Shortness of Breath | Smothering | Choking |
| Nausea | Dizziness | Light-headedness |
| Numbness | Tingling | Chills or hot flashes |

Feeling that I am not real

Feeling the situation is not real

Other: _____

What would you say your average level of anxiety was during the last week? (circle)

None (0) Slight (2.5) Somewhat (5) Very (7.5) Extreme (10)

Do you ever wake up in a panic? Yes No

Do you worry about having anxiety or panic attacks? Yes No

What are some current stressors in your life?

How many cups of coffee or caffeinated drinks do you have per day?

How much alcohol do you consume in a typical day?

What medications do you presently take (include prescribed and over-the-counter drugs):

Name	Dosage	Frequency	Take for?	Prescribed by?
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What medical conditions do you have now?

Who treats each of these?

Are you pregnant? Yes No Maybe

What allergies do you have?

Have you had any significant illnesses or surgeries in the past? Yes No

If so, please explain:

Who is your primary care physician?

Phone:

Have you been in counseling or under psychiatric care before? Yes No

If so, what is the name of your counselor, psychologist, or psychiatrist?

What year(s) did you meet with them?
