

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

Confidential Personal Record for Individual Clients

Date _____ SS# _____
Name _____ Date of Birth _____ Preferred pronoun _____
Address _____
Home/Cel 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?

Therapy Agreement

Responsibilities of the therapist:

1. To do everything I can to find a spot for you in my schedule that is consistent.
2. To show up for appointments on time and be clear about ending on time.
3. To be clear about my fee and give a reasonable warning if I am raising my fee. My current fee is \$100 per 55 minute session.
4. To keep all information confidential. (There are times confidentiality would be broken and I will speak to you regarding those times in our first session.)
5. To be 100% present to you.
6. To interact in a respectful, non-shaming manner, modeling healthy differentiation.
7. To respond to your upsets about my behavior by mirroring, validating, and being empathic and taking responsibility for my impact.
8. To explain concepts clearly and to have a good balance between process and educating.
9. To recognize you have all you need to move into health and wholeness and my job is to guide you toward that truth.
10. To give clear homework assignments and support your attempt to carry them through.
11. To remember what happens in sessions so things can have continuity.

Responsibilities of the client:

1. To keep appointments by showing up on time.
2. To pay the fee at the end of each session. (We will bill primary insurance carriers as a service to you. You are responsible for all applicable co-payments and all outstanding balances not covered by your insurance.)
3. To give 48 hours notice if you are unable to keep an appointment. If it is less than 24 hours you will be charged a \$75 fee. (Of course I am not unreasonable. If there is a family emergency or a serious illness, I will certainly make an exception.)
4. To be honest about your feelings and thoughts as you know them.
5. To be curious and open.
6. To be respectful.
7. To be willing to take responsibility for yourself.
8. To express upset and complaints to the therapist if any should arise.
9. To listen to the therapist's feedback and take manageable steps to stretch yourself in respect to your healing and growth.
10. To set intentions for yourself each session and present issues of importance at the beginning of each sessions to allow adequate time to explore and address.
- 11.

I have read and understand the above agreement

Client's signature and Date