

Harmony Heals, Inc



OUTPATIENT TREATMENT PROGRAM: INITIAL QUESTIONNAIRE

In order to assist you better, please answer the following questions:

1.) What brought you here and what issue or issues do you feel need to be worked on this week?

2.) Please describe your relationship with your father; as a child and as an adult. _____

3.) Please describe your relationship with you mother; as a child and as an adult. _____

4.) Do you have any history of child abuse (i.e. sexual, physical, emotional, neglect , enmeshment)?

5.) Do you have any history of addiction? (If so, what and how long)? _____

6.) What are your goals for this week? _____

Client Name

Phone Number

Address

City/St./Zip

Therapist Name

Therapist Phone Number

