



## Psychosocial History

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone #: (cell) \_\_\_\_\_ (home) \_\_\_\_\_

Address \_\_\_\_\_ City/State \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

### CHILDHOOD AND FAMILY HISTORY

Birth Order: \_\_\_\_\_ Number of Brothers: \_\_\_\_\_ Number of Sisters: \_\_\_\_\_

Family Members	Name	Marital Status	Check if Deceased
Father			
Stepfather			
Mother			
Stepmother			
Siblings			

Other Clinically Significant Information Regarding Parents and/or Siblings: \_\_\_\_\_

\_\_\_\_\_

Nature of Current Relationship with Family Members: \_\_\_\_\_

\_\_\_\_\_

Significant Childhood Stressors: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CURRENT LIVING SITUATION:** (check all that apply)

Resides:    \_\_\_ Alone    \_\_\_ Spouse    \_\_\_ Foster Parents    \_\_\_ Extended Family  
              \_\_\_ Group Home    \_\_\_ Parents    \_\_\_ Boyfriend/Girlfriend

**MARITAL AND/OR COHABITATION STATUS AND HISTORY** (if applicable)

Marital Status: \_\_\_\_\_ Age First Married: \_\_\_\_\_

Marital History: (starting with current relationship)

Name	Length of Marriage/Relationship	Children in this Marriage/Relationship (First Names and Ages)	Problems in this Marriage/Relationship (e.g. financial, social, sexual, etc.)

Other Information and Comments Regarding marital and/or Cohabitation Status and History: \_\_\_\_\_

**EDUCATIONAL HISTORY**

Number of School Years Completed: \_\_\_\_\_ Diploma/Degree/Certification: \_\_\_\_\_  
Academic Performance: Below Average \_\_\_ Average \_\_\_ Above Average \_\_\_  
Unusual educational experiences: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Present Status: \_\_\_ Employed                      How Long? \_\_\_\_\_  
                      \_\_\_ Unemployed                      How Long? \_\_\_\_\_

Current Occupation: \_\_\_\_\_

Summary of Most Recent Employment History

Occupation	Length of Employment	Reason for Leaving

Other Significant Information and Comments Regarding Employment History and Current Employment: \_\_\_\_\_  
\_\_\_\_\_

**RELIGION**

Current religion: \_\_\_\_\_  
Current Religious Involvement: (check most appropriate)  
\_\_\_\_ High \_\_\_\_ Moderate \_\_\_\_ Minimal \_\_\_\_ None

Other Significant Information and Comments Regarding Religion: \_\_\_\_\_  
\_\_\_\_\_

**MEDICAL INFORMATION AND HISTORY**

Name of Physician: \_\_\_\_\_ Last Physical: \_\_\_\_\_  
Current Medical Problems Being Treated: \_\_\_\_\_  
\_\_\_\_\_  
Current Medications, Including Dosage: \_\_\_\_\_  
\_\_\_\_\_  
Significant Prior Medical Problems: (e.g. Operations, Accidents, Serious Illness) \_\_\_\_\_  
\_\_\_\_\_

Client's Assessment of Current Medical/Physical Condition: (check most appropriate)  
\_\_\_\_ Excellent \_\_\_\_ Good \_\_\_\_ Poor

Other Significant Information and Comments Regarding Medical History and Current Condition: \_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL AND DRUG USE HISTORY**

Client Currently Uses Alcohol and/or Nonprescription Drugs: \_\_\_\_ No \_\_\_\_ Yes  
Alcoholic Beverage Usage: Kind(s) \_\_\_\_\_  
Amount and Frequency \_\_\_\_\_

Chemical/Drug Usage: Kind(s) \_\_\_\_\_  
Amount and Frequency \_\_\_\_\_

Client and/or Others Has/Have Been Concerned Regarding Degree of Alcohol and/or Chemical/Drug Usage:  
\_\_\_\_ No \_\_\_\_ Yes Explain: \_\_\_\_\_

A Formal Alcohol/Drug Assessment is indicated: \_\_\_\_ No \_\_\_\_ Yes Explain: \_\_\_\_\_  
\_\_\_\_\_

**MENTAL HEALTH/ALCOHOL AND DRUG TREATMENT HISTORY**

Client Has Received Psychiatric, Psychological, Alcohol and Drug or Related Services in the Past:

No  Yes (describe below)

Check:  Mental Health Treatment  Alcohol/Drug Treatment  Both

Source of Treatment	Year	Duration	Disability/Condition	Outpatient/Inpatient

Specify beneficial psychiatric medication previously utilized: \_\_\_\_\_

**MILITARY HISTORY (If Applicable)**

Length of Time Served \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Branch of Service: \_\_\_\_\_

Reason for Entering the Service: \_\_\_\_\_

Other Significant Information and Comments Regarding Military History: \_\_\_\_\_

**LEGAL STATUS AND HISTORY**

Has client ever been arrested?  No  Yes (Describe Below)

Charges, Arrests, Convictions	Status or Outcome	Year	Check if Alcohol/Drug Related

Other Significant Information and Comments Regarding Legal Status and History: \_\_\_\_\_

**SOCIAL/PEER GROUP**

Current Degree of Social Interest/Involvement Evidenced by Client:  
(Check most appropriate)

High  Moderate  Minimal  None

The Overall Quality/Nature of the Client's Social Relationships:  
(Check most appropriate)

Superficial  Conflicted  Healthy  Dependent  Other (specify below)

Other Significant Information and Comments Regarding Social Activities, Group Memberships, Interests, and/or Level of Participation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**RECREATIONAL HISTORY**

Leisure Time Activities/Interests are: (check most appropriate)

Well Developed  Moderately Developed  Not Developed

Other Significant Information and Comments Regarding Leisure Time Activities/Interest:

\_\_\_\_\_  
\_\_\_\_\_

**SUICIDE HISTORY**

Client Has Previously Attempted Suicide:  No  Yes (explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of Attempts: \_\_\_\_\_ Date of Most Recent Attempt: \_\_\_\_\_

Methods Employed: \_\_\_\_\_

Other Significant Information and Observations Regarding Prior Suicide Behavior and Current Suicide Risk: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**DANGERS TO OTHERS HISTORY**

Client has Previously Harmed/Endangered the Health & Safety of Others:  No  Yes (explain): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Other Significant Information and Observations Regarding Prior Dangerousness and Current Risk of Danger to Others: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OTHER CLINICALLY RELEVANT INFORMATION: (if applicable)**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date