

PSYCHOSOCIAL ASSESSMENT

Name: _____

Age: _____ Sex: _____ Therapist: _____

DIRECTIONS: Please answer the following questions as fully as possible.

Problem Assessment

Present Problem – Precipitating Stressors: "In recent months, I have worried a lot about:

Please circle all that apply:

Marital issues Health issues Job issues Financial issues
Parent/child issues Issues of the past (guilt, abuse, neglect, family of origin issues, etc.)
Other _____

Symptoms: *Please circle all that apply:*

Change in sleep pattern Decreased concentration Change in appetite
Increased anxiety Decreased energy Suicidal feelings
Decreased motivation Other _____

Suicidal/Homicidal Ideation

Have you attempted to commit suicide or homicide in the past? yes no

If yes, how? _____

Is there a history of suicide in your nuclear and/or extended family? yes no

Have you ever inflicted burns or wounds to yourself? yes no

Are you presently suicidal/homicidal? yes no

What event(s) in the recent past has/have prompted you to seek counseling? _____

Describe additional problems you are experiencing. _____

When did these problems develop? _____

Circle any recent losses you have experienced.

Family Health Disruption of lifestyle Job Significant other

Other _____

List your strengths and weaknesses.

Strengths

Weaknesses

Psychiatric History

Please list previous outpatient counseling experiences.

Place _____

Length of time there _____ Dates _____

Have you ever been admitted to a hospital for mental health or addiction issues? _____

Place _____

Length of time there _____ Dates _____

Name of current doctor and/or therapist _____

List all medications you have taken in the past for anxiety, depression, and/or sleep _____

Medical Information:

How would you describe your current condition of health? _____

Are you currently on any medication? Yes No

Name of medication _____ Dosage/ Frequency _____ Prescribing Physician _____

Has it been more than a year since your last physical exam including blood tests? Yes No

Have you ever had an abortion? Yes No

Do you have allergies? Yes No If yes, explain _____

Lists any previous health problems, operative procedures, and medical hospitalizations:

<u>Problem</u>	<u>Date</u>	<u>Treatment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Substance Abuse History:

Describe your current usage, or usage within the past year (including alcohol, caffeine and tobacco).

<u>Substance</u>	<u>Amount</u>	<u>Frequency</u>	<u>Age of 1st use</u>	<u>Age regular use started</u>	<u>Last use</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you experienced a recent increase in the use of alcohol and/or other substances?

Yes No

Do you see usage as a problem? Yes No If yes, when did it become a problematic? _____

Please describe any previous experience with drugs or alcohol _____

Please describe significant family history of substance abuse _____

Living Arrangements:

Satisfactory? Unsatisfactory?

Where do you currently live? _____ How long there? _____

With whom do you live? _____

Describe your current relationships with family members _____

Support System:

Who can you count on for support? *Circle as many as apply.*

Parents Spouse Siblings Employer Church Pastor Therapist Neighbor(s)

Extended Family Close Friend Self-help Group Community Service Co-Worker Medical Dr.

Other _____

Financial Situation:

Describe briefly your financial situation _____

Marital History (if applicable):

When were you married? _____ Name and age of spouse _____

Previous marriage Yes No If yes, date of divorce _____

Any children from this marriage? _____

What is your perception of your current marriage (include communication patterns, problems, sexual relations). _____

List names and ages of children. How do you get along with each one?

Name	Age	Comment
_____	_____	_____
_____	_____	_____
_____	_____	_____

Religious/cultural Factors:

Please list any issues, which are important or may have affected you in regard to religion or ethnic/cultural background. _____

What is your religious background? _____

Do you currently attend church, synagogue, or mosque? Yes No

Nutrition:

Have your eating habits changed recently? Yes _____ No _____ If so, please describe _____

Has your weight fluctuated more than +/- 10 lbs. Over the previous year? Yes ___ No _____

Do you often eat out of depression, boredom, and anger? Yes ___ No _____ If yes, please describes. _____

If you use laxatives, water pills (diuretics), or diet medications, how often do you use them? _____

Legal History:

Please explain all that apply:

Charges as a minor _____

Charges presently _____

Arrests (how many) _____

Parole _____

Convictions (how many) _____

Probation _____

Bankruptcy _____

Civil Suits _____

Developmental History:

Lists members of your family of origin and how got along with each one.

Family Member

Comment

What was your birth order? _____ Of _____ Children who primarily raised you? _____

How would you describe your childhood? _____ Traumatic _____ Painful _____ Uneventful

What were you like as a child? (include friends, school, hobbies, and personality)? _____

Were there any unusual or tramatic experiences for you as a child?

Date	Age	Event
_____	_____	_____
_____	_____	_____
_____	_____	_____

What is your sexual orientation? _____ Heterosexual _____ Homosexual _____ Bisexual

Work Adjustment History:

Describe your current job/career _____

What do you like /dislike about your employment/career? Please list

Like

Dislike

Would you enjoy doing this job on a long-term basis? _____

If you could have any other job/career, what would you choose? _____

Why would you choose this? _____

How do you deal with authority figures? _____

Describe your relationship with co-workers _____

Describe your job performance _____

Have you ever been fired? _____ Yes _____ no If yes, explain _____

Military History:

List branch, and duties _____

Educational History:

What was school like for you? _____

Highest level achieved _____ What type of grades did you make? _____

Currently in school? _ Yes _____ no If yes, what level? _____

Family:

Would it be beneficial for any members of your family to involve in your treatment? ____ Yes ____ No

If yes, explain who and why _____

Miscellaneous:

Are there any other things that can be helpful for us to know about you? _____

Signature

Date