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Adult Outpatient Psychosocial History

Psychosocial Self-Assessment (To be completed by client)

Name: _____
Date of Birth:_____ Age:_____ Gender:_____
Race: _____
Referral Source: Self _____ Physician (name)_____ other _____

Reasons For Seeking Treatment:
I am seeking treatment at this time because:
_____
_____
_____
_____

I have been having problems like this since_____

My family/others want me to seek treatment because:
_____
_____
_____
_____

Family History:
Current marital status of my parents:
☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Single Parent
My father's age, if living _____
His occupation _____ His highest education _____
His health status _____
If deceased, his age at death and cause of death _____
Your age when he died _____

Any history or mental illness or addictions in my father:
_____
_____
_____

My mother's age, if living _____
Her occupation _____ Her highest education _____

Her health status _____
If deceased, her age at death and cause of death
_____
_____
_____
Your age when she died _____

Any history of any mental illness or addictions in my mother
_____
_____
_____

My siblings:

Brother/Sister	Age	Occupation	History of Mental Illness/Addictions
1. _____			☐ Yes ☐ No
2. _____			☐ Yes ☐ No
3. _____			☐ Yes ☐ No
4. _____			☐ Yes ☐ No

Do you have stepparents? ☐ Yes ☐ No
If yes, rate your current relationship with them
☐ tense ☐ close ☐ no contact at all
☐ very close ☐ distant ☐ other_____

Rate your current relationship with your biological parents:
☐ tense ☐ close ☐ no contact at all
☐ very close ☐ distant ☐ other _____

Rate your current relationship with your siblings:
☐ tense ☐ close ☐ no contact at all
☐ very close ☐ distant ☐ other _____

Rate your current relationship with your extended family:
☐ tense ☐ close ☐ no contact at all
☐ very close ☐ distant ☐ other _____

List any other family members who may have a history of mental illness or addiction:

Relationship to me	Type of problem

Childhood Memories:
I was born in _____I was reared in _____
Family's socioeconomic status: ☐ high ☐ medium ☐ low
Stability of home ☐ very stable ☐ not too stable ☐ unstable
My primary caretaker ☐ mother ☐ father ☐ siblings ☐ grandparents
☐ aunt/uncle ☐ other _____

Describe any positive or negative memories that you have about your childhood including physical or emotional abuse:

_____
_____
_____
_____

Developmental History:
To my knowledge, I had a normal birth, delivery, and normal early childhood development (that is, I walked, talked, etc., about on time). ☐ Yes ☐ No
If no, please explain:

_____
_____
_____

Education:
I completed the _____ grade, or _____ years of college with a degree in _____
Did you like school? ☐ Yes ☐ No ☐ Somewhat
Did you get good grades? ☐ Yes ☐ No ☐ Somewhat
What were (are) your strengths and weaknesses in school?
Strengths_____
Weaknesses_____
If currently in school, which school? _____
Any grade failures? _____
Were you ever diagnosed with a learning disability? ☐ Yes ☐ No
Were you ever diagnosed with attention deficit disorder or hyperactivity ☐ Yes ☐ No
Any history of behavior problems, i.e., suspensions, truancy, fighting? ☐ Yes ☐ No
If yes, please explain

_____
_____
_____
_____

Employment:
I am employed ☐ Yes ☐ No
I am employed with _____
My job title is _____Years Employed _____
Summaries Employment History _____
Is your employer aware of a need for treatment? ☐ Yes ☐ No
If yes, does your employer have any special requirements for you to return to work?
☐ Yes ☐ No

Finances:
Do you have a problem with managing money? ☐ Yes ☐ No
Are you currently experiencing financial distress? ☐ Yes ☐ No
Please comment

_____
_____

Social/Leisure:
Leisure activities I enjoy, and how often I participate in them:
Type How often

_____
_____
_____

My level of interest in these activities has changed lately: ☐ Yes ☐ No
How are these changes and your problem related?

_____

I have enough close friends who provide me with support. ☐ Yes ☐ No
Please comment:

_____

Sexual History:
My sexual orientation is: ☐ heterosexual ☐ bisexual ☐ homosexual
Age of first sexual experience _____
Any sexual abuse or trauma (either as a victim or a perpetrator) as a child or as an adult:
☐ Yes ☐ No
If yes, please explain:

_____
Has your interest in sex changed lately? ☐ Yes ☐ No
If yes, please explain:

_____

Marital Information:
Marital status: ☐ Married ☐ Single, never married ☐ Divorced ☐ Widowed
Spouse's name: _____ Age, if living _____ Occupation _____
Health status:_____
If deceased, age at death and cause of death _____
Years married _____
Relationship with spouse: ☐ Satisfactory ☐ Unsatisfactory ☐ Needs Improvement
Please comment _____
My spouse has a history of mental illness: ☐ Yes ☐ No
My spouse has a history of addiction: ☐ Yes ☐ No
If previously married, state how long you were married, and reason relationship ended:
How long married Reason for ending

_____
_____
_____

My children and step-children from all relationships:
Name M/F Age Relationship with me Comments
_____ ☐ Satisfactory ☐ Unsatisfactory _____
_____ ☐ Satisfactory ☐ Unsatisfactory _____
_____ ☐ Satisfactory ☐ Unsatisfactory _____
_____ ☐ Satisfactory ☐ Unsatisfactory _____
_____ ☐ Satisfactory ☐ Unsatisfactory _____
_____ ☐ Satisfactory ☐ Unsatisfactory _____

Living Situation:
I currently live with _____
Other people living in my house (if any) are:
_____
I live in a ☐ House ☐ Apartment ☐ Trailer that I ☐ Own ☐ Rent
If other living accommodations are used, please describe:_____

Military History:
Branch of service: _____ Number of years served: _____
Rank at discharge: _____
Type of discharge: ☐ Honorable ☐ Dishonorable ☐ Medical ☐ Other _____
Comments on your time of service, including promotions, demotions, problems, successes, etc.:
_____
_____

Cultural/Religious:
In what religion, if any, were you raised? _____
Are you currently active in any religion? ☐ Yes ☐ No
If yes, please comment:
_____

How has your cultural/ethnic/religious heritage or background affected you or your family?
asdas
_____
Describe your spiritual orientation:
_____
Describe what gives meaning to your life:
_____

Legal History:
Do you have an arrest record (including DUIs)? ☐ Yes ☐ No
If yes, please explain:
Date Type of offense Result
_____
_____
_____
Any other legal involvement (pending suits, bankruptcy, divorce, custody issues)?
☐ Yes ☐ No
If yes, please explain:
_____

Psychiatric:
I have problems with depression: ☐ Yes ☐ No
I have problems with anxiety: ☐ Yes ☐ No
Describe any other problems:_____
Previous inpatient or outpatient treatment: ☐ Yes ☐ No
Dates Where Treatment/Medications Prescribed
_____
_____
_____

Alcohol and Drug History:
I have abused alcohol: ☐ Yes ☐ No
If yes, complete the following:
My pattern of use is _____
The last time I had a drink was _____ I have used alcohol_____months/years
I have periods while drinking that I cannot remember: ☐ Yes ☐ No
I have experienced jitteriness, anxiety or nervousness when I don't drink: ☐ Yes ☐ No
I have abused drugs (including prescription drugs): ☐ Yes ☐ No
If yes, complete the following:
Type: _____
My pattern of use is _____
My last use was _____ I have used drugs for_____months/year
History of withdrawal symptoms _____

My drinking and/or drug use has had an effect on the following life areas:
☐ Family ☐ Social ☐ Legal ☐ Job ☐ Physical ☐ Financial ☐ Emotional

Previous inpatient or outpatient treatment for drugs and/or alcohol: ☐ Yes ☐ No

Dates	Where	Treatment/Medications Prescribed

Any involvement in AA, NA, support groups, etc? _____

Self-Assessment:
I see my personal strengths and weaknesses as:

Strengths	Weaknesses

Trauma:
Any abuse (verbal, physical, or sexual)? When? By Whom?_____
Any natural disasters (fire, tornado, earthquake, etc.)? When?
_____
Any deaths or major losses? When?
_____
Any other trauma? When?
_____

Medical:
Any chronic/current medical problems? ☐ Yes ☐ No
If yes, please explain:
_____
_____

Any allergies? ☐ Yes ☐ No
If yes, please explain:

_____

Any surgeries? ☐ Yes ☐ No

_____

_____

I am currently taking the following medications:

_____

Date of last physical examination, doctor's name, and the results of the examination:

_____

_____

_____

_____

_____ _____

Client's Signature Date