



**Psychosocial Assessment**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Therapist: \_\_\_\_\_

**Directions: Please answer the following questions as fully as possible.**

Problem Assessment

Present Problem-Precipitating Stressors “In the 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 past (guilt, abuse, neglect, family of origin 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 ever attempted to commit suicide or homicide in the past? \_\_\_\_\_

If yes, how? \_\_\_\_\_

Is there a history of suicide in your nuclear and/or extended family? \_\_\_\_\_

Have you ever inflicted burns or wounds to yourself? \_\_\_\_\_

Are you presently suicidal/homicidal? \_\_\_\_\_

Recent Losses (Please circle all that apply)

Family      Health      Disruption in lifestyle      Job      Significant other

Other \_\_\_\_\_

Psychiatric History

Please list any previous outpatient counseling experiences.

Place \_\_\_\_\_ Reason \_\_\_\_\_

Length of time \_\_\_\_\_ Dates \_\_\_\_\_

Place \_\_\_\_\_ Reason \_\_\_\_\_

Length of time \_\_\_\_\_ Dates \_\_\_\_\_

Have you ever been admitted to the hospital for mental health or addiction issues? \_\_\_\_

Place \_\_\_\_\_ Reason \_\_\_\_\_

Length of time \_\_\_\_\_ Dates \_\_\_\_\_

Name of current psychiatrist \_\_\_\_\_

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

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

Medical Information

Describe any current medical condition \_\_\_\_\_

Are you currently on any medication \_\_\_\_\_ Please list the name of the medication,  
the dosage, the frequency and the prescribing physician \_\_\_\_\_

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

Are you currently taking any herbs, if yes please list them \_\_\_\_\_

\_\_\_\_\_

Has it been more than a year since your last physical exam including blood test? \_\_\_\_\_

Have you ever had an abortion? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Please list any previous health problems, operative procedures, and medical hospitalization \_\_\_\_\_

\_\_\_\_\_

### Substance Abuse History

Describe your current usage, or usage within the past year of alcohol, caffeine, tobacco, pornography, gambling, and prescription pain medication (Please list the substance, the amount, the frequency, the age of 1<sup>st</sup> use, the age regular use started, and the date of last use). \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Do you see your current usage as a problem? \_\_\_\_\_

Please describe any previous experience with drugs or alcohol \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Describe any significant family history of substance abuse \_\_\_\_\_

\_\_\_\_\_

### Nutrition

Have your eating habits changed recently? Yes No If yes, please describe \_\_\_\_\_

\_\_\_\_\_

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

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

describe\_\_\_\_\_

Do you ever self-induce vomiting? Yes No

How do you feel about eating with others in a group? \_\_\_\_\_

Do you ever binge eat or feel your eating is out of control? Yes No If yes, please

describe\_\_\_\_\_

If you use laxatives, water pills, 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) \_\_\_\_\_

Incarcerations (How many) \_\_\_\_\_

Parole \_\_\_\_\_

Convictions (How many) \_\_\_\_\_

Probation \_\_\_\_\_

Bankruptcy \_\_\_\_\_

Civil suits \_\_\_\_\_

Child custody problems \_\_\_\_\_

Developmental History

List members of your family that you grew up with and how you got along with each one.

\_\_\_\_\_

\_\_\_\_\_

---

---

---

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 traumatic experiences for you as a child? (Please list the age that it occurred and the event that occurred)

---

---

---

What is your sexual orientation? Heterosexual Homosexual Bisexual

### Support System

Who can you count on for support?

Parents Spouse Siblings Employer Church Pastor  
Therapist Neighbor Extended Family Close Friend  
Self-help Group Community Services Co-Worker Medical Dr.

Who are you currently living with? \_\_\_\_\_

### Financial Situation

Describe briefly your financial situation \_\_\_\_\_

---

Marital History (if applicable)

What was the date of your current marriage? \_\_\_\_\_ 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) \_\_\_\_\_

\_\_\_\_\_

Please list that name, ages and the custodial parent of each of your children. How do you get along with each one? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Religious/Cultural Factors

Please list any issues that 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 If yes, please list where you attend. \_\_\_\_\_

Work History

Describe your current job/career \_\_\_\_\_

\_\_\_\_\_

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

If you could have any 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 \_\_\_\_\_

How many jobs have you held within the previous five years? \_\_\_\_\_

Were you ever in the military? \_\_\_\_\_

Educational History

Highest level achieved \_\_\_\_\_ What type of grades did you make? \_\_\_\_\_

Are you currently in school? Yes No If yes, what level? \_\_\_\_\_

Family

Would it be beneficial for any members of your family to be involved in your treatment?

Yes No If yes, explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there anything else you feel that we need to know about you? Yes No If yes,  
please explain \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_