

Psychosocial History

Name:

Age:

DOB:

Marital Status:

Race/Ethnicity:

City of Residence:

Referred by:

Developmental History:

Birthplace:

Brothers:

Sisters:

Birth order:

Parents married? No Yes

Problems with mother's pregnancy, labor, or delivery? No Yes Explain:

Medications/alcohol/drugs during mother's pregnancy? No Yes Specify:

Unusual illnesses, hospitalizations, or medical problems as a child? No Yes Explain:

Problems with any of the following while growing up?

Hearing: No Yes Explain:

Speaking: No Yes Explain:

Stuttering: No Yes Explain:

Reading: No Yes Explain:

Writing: No Yes Explain:

Spelling: No Yes Explain:

Arithmetic: No Yes Explain:

Strength/Coordination: No Yes Explain:

Behavior/Conduct: No Yes Explain:

Hurting animals: No Yes Explain:

Hyperactivity: No Yes Explain:

Attention deficit: No Yes Explain:

Learning disability: No Yes Explain:

Other: No Yes Explain:

Language first learned:

If not English: What age was English learned:

Language spoken while growing up:

Language in which most fluent at present:

Parents:

Father:

Present age/Date of death:

Education:

Occupation:

Mother:

Present age/Date of death:

Education:

Occupation:

Quality of parents' marriage while growing up:

Quality of parents' marriage now:

How long married:

Prior marriages for either:

Either parent have history of any of the following:

Medical problems: No Yes Explain:

Psychiatric problems: No Yes Explain:

Sexual/physical abuse, neglect: No Yes Explain:

Alcohol or drug problems: No Yes Explain:

Legal or criminal problems: No Yes Explain:

Learning disability: No Yes Explain:

Attention deficit: No Yes Explain:

Quality of relationship with parents while growing up:

Quality of relationship with parents now:

Siblings:

Age, sex, marital status, # children, education, occupation for each sibling:

Any siblings have history of any of the following:

- Medical problems: No Yes Explain:
Psychiatric problems: No Yes Explain:
Sexual/physical abuse, neglect: No Yes Explain:
Alcohol or drug problems: No Yes Explain:
Legal or criminal problems: No Yes Explain:
Learning disability: No Yes Explain:
Attention deficit: No Yes Explain:

Quality of relationship with siblings while growing up:

Quality of relationship with siblings now:

Other Family:

Quality of family relationships when growing up: Good Poor Explain:

Family problems:

Extended family members with problems: No Yes Explain:

Places family lived and reasons for moving:

Education:

Highest grade/degree completed:

Grades obtained:

Awards/Honors:

Ever expelled/suspended: No Yes Explain:

Reason for leaving school:

Vocational, technical or nonacademic training:

Occupation:

List in order all major jobs to the present. Indicate dates, position, responsibilities, any promotions/raises, relationship with bosses and coworkers, and reasons for leaving:

Partner/Marital History:

Presently in committed relationship? No Yes

Legally married? No Yes

Since when?

Partner's Age:

Partner's Education:

Partner's Occupation:

Does current partner have history of:

Medical problems: No Yes Explain:

Psychiatric problems: No Yes Explain:

Sexual/physical abuse, neglect: No Yes Explain:

Alcohol or drug problems: No Yes Explain:

Legal or criminal problems: No Yes Explain:

Quality of relationship with partner: Good Poor Explain:

Sexual relationship with partner/others: Good Poor Explain:

Partner's previous partnerships/marriages/children:

Ages and years of previous relationships/marriages:

Did previous partners have history of:

Medical problems: No Yes Explain:

Psychiatric problems: No Yes Explain:

Sexual/physical abuse, neglect: No Yes Explain:

Alcohol or drug problems: No Yes Explain:

Legal or criminal problems: No Yes Explain:

Quality of relationship with partner: Good Poor Explain:

Children:

List age, sex, marital status, # of children, and occupation for each child:

Do any children have a history of:

Medical problems: No Yes Explain:

Psychiatric problems: No Yes Explain:

Sexual/physical abuse, neglect: No Yes Explain:

Alcohol or drug problems: No Yes Explain:

Legal or criminal problems: No Yes Explain:
 Quality of relationship with children while growing up: Good Poor Explain:
 Quality of relationship with children now: Good Poor Explain:
 Quality of family relationships: Good Poor Explain:
 Family problems:
 Places family lived and reasons for moving:

Psychiatric History (now & growing up):

Psychiatric/Psychological problems: No Yes Explain:
 Mood: No Yes Explain:
 Anxiety: No Yes Explain:
 Sexual functioning: No Yes Explain:
 Sleep: No Yes Explain:
 Appetite: No Yes Explain:
 Traumatic events: No Yes Explain:
 Sexual/Emotional/Physical abuse or neglect: No Yes Explain:
 Psychiatric/Psychological treatment: No Yes Explain:
 Hospitalizations/Outpatient psychotherapy: No Yes Explain:
 Medications: No Yes Explain:
 Suicidal/Homicidal ideation/attempts: No Yes Explain:

Substance Use:

Please list amount and frequency of use of each of the following.

Alcohol: No Yes Explain:
 Tobacco: No Yes Explain:
 Caffeine: No Yes Explain:
 Heroin: No Yes Explain:
 Cocaine/Crack: No Yes Explain:
 Methamphetamines: No Yes Explain:
 Marijuana: No Yes Explain:
 Hallucinogens: No Yes VERY SPECIFIC:
 Prescription Drugs: No Yes Explain:
 History of driving under influence: No Yes Explain:

Legal/Criminal Problems:

- Arrest history: No Yes Explain:
- Criminal offenses: No Yes Explain:
- Jail time served: No Yes Explain:
- Convictions: No Yes Explain:
- Civil suits: No Yes Explain:
- Worker's Comp claims/suits: No Yes Explain:
- Illegal things, but never caught: No Yes Explain:

Current Stresses:

- Death or loss of someone close: No Yes Explain:
- Divorce/Break up: No Yes Explain:
- Problems with partner: No Yes Explain:
- Personal injury/illness: No Yes Explain:
- Job termination: No Yes Explain:
- New job: No Yes Explain:
- Problems at work: No Yes Explain:
- Retirement: No Yes Explain:
- Health problems for family members/friends: No Yes Explain:
- Financial problems: No Yes Explain:
- Business problems: No Yes Explain:
- Conflicts with others: No Yes Explain:
- Academic problems: No Yes Explain:
- Other stresses: No Yes Explain:

Medical History:

- Hospitalizations: No Yes Explain:
- Medical diagnoses: No Yes Explain:
- Stroke: No Yes Explain:
- Head trauma/concussion: No Yes Explain:
- Loss of consciousness: No Yes Explain:

- Respiratory problems: No Yes Explain:
- GI problems: No Yes Explain:
- Vascular problems: No Yes Explain:
- Endocrine problems (e.g. thyroid): No Yes Explain:
- Diabetes: No Yes Explain:
- Hypoglycemia: No Yes Explain:
- Anoxia/hypoxia/cardiac-respiratory arrest: No Yes Explain:
- Toxic exposure: No Yes Explain:
- Hypertension: No Yes Explain:
- Surgery: No Yes Explain:
- Injuries: No Yes Explain:
- Post-traumatic amnesia: No Yes Explain:
- Seizure disorder: No Yes Explain:
- Past medications: No Yes Explain:
- Present medications: No Yes Explain:

Anything I didn't ask that is important for me to know?