

Psychosocial Assessment- Information is Confidential

Name: _____ Date: _____

Age: _____

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

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 Addiction 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? _____

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 1st 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? _____

Describe any significant family history of substance abuse _____

Legal History (Please check then 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 _____

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? _____

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? _____

Strengths (list three strengths you have or others have commented to you about)

1. _____

2. _____

3. _____