Psychosocial History Self-Report Form

Name: _____
D.O.B.: _____ Age: _____ Sex: _____ Marital Status: _____

CURRENT LIVING SITUATION:
Lives: __ Alone ____with others/who _____
_____
Rent or own? _____ Type of home: _____

CHILDHOOD AND FAMILY HISTORY

Birthplace/where raised _____
Birth Order: _____
Family of Origin: Number of Brothers: _____ Number of Sisters: _____

Family Members	Name/Age	Marital Status	Check if Deceased
Father			
Stepfather			
Mother			
Stepmother			
Siblings			

Additional Significant Information Regarding Parents and/or Siblings: _____
_____
_____
Nature of Current Relationship with Family Members: _____
_____
_____
Special Care Situation of Childhood: (check all that apply)
___Adoption: Age____
___ Foster Care: Age and Duration: _____
___Institutional Care: Age and Duration: _____
___Resided with Relatives: Age and Duration: _____
Other Significant Information and Comments Regarding Special Care Situations of Childhood: _____
_____
_____

Significant Childhood Stressors: (check all that apply)
___Death of Parent: Client Age _____ ___ Death of Sibling: Client Age _____
___Divorce: Client Age: _____ ___ Physical/Sexual Abuse: Client Age: ___
___Domestic Physical Violence

___Family Alcoholism/Drug Abuse/Dependency: ___One Parent ___Both Parents
___Other Childhood Trauma: (specify) _____

MARITAL AND/OR COHABITATION STATUS AND HISTORY (if applicable)

Marital Status: _____ Age First Married: _____
Marital History: (starting with current relationship)

Name	Length of Marriage/ Relationship	Children in this Marriage/Relationship (First Names and Ages)	Identify Problems in this Marriage/ Relationship (e.g. financial, social, sexual, etc.)

Other Information and Comments Regarding marital and/or Cohabitation Status and History: _____
_____
_____

EDUCATIONAL HISTORY

Number of School Years Completed: _____ Diploma/Degree/Certification: _____
Estimate of Academic Performance: ____Below Average _____Average
____Above Average
Exceptional Educational Services Received, Grades Repeated, Number of time Expelled, and other Significant Information: _____
_____

EMPLOYMENT HISTORY

Present Status: ___Employed How Long? _____
___Unemployed How Long? _____
Current Occupation: _____

Other Significant Information and Comments Regarding Employment History and Current Employment: _____
_____

MILITARY HISTORY (If Applicable)

Length of Time Served _____ Type of Discharge _____
Branch of Service: _____

MENTAL HEALTH/ALCOHOL AND DRUG TREATMENT HISTORY

Received Psychiatric, Psychological, A&D or Related Services in the Past? ____ If yes, describe, type, length, and outcome:

_____

_____

MEDICAL INFORMATION AND HISTORY

Name of Physician: _____ Location of Office: _____
Last Physical: _____ Current Medical Problems Being Treated: _____
_____
Current Medications, Including Dosage: _____
_____
Significant Prior Medical Problems: (e.g. Operations, Accidents, Serious Illness) _____
_____
_____

ALCOHOL AND DRUG USE HISTORY

Current Use of Alcohol and/or Nonprescription Drugs: ___No ___Yes
Alcoholic Beverage Usage: Kind(s) _____
Amount and Frequency _____
_____
Chemical/Drug Usage: Kind(s) _____
Amount and Frequency _____
_____
Past problems with drugs or alcohol? _____
_____
Client and/or Others Has/Have Been Concerned Regarding Degree of Alcohol and/or Chemical/Drug Usage:
___No ___Yes Explain: _____
_____
_____

RELIGION/SPIRITUALITY

Current religion: _____
Current Religious Involvement: (check most appropriate)
_____High _____Moderate _____Minimal _____None

Other Significant Information and Comments Regarding Religion or Spirituality and its significance:

_____
_____
_____

LEGAL STATUS AND HISTORY

Has client ever been arrested? ___Yes ___No Why? _____
Other Significant Information and Comments Regarding Legal Status and History:
_____
_____
_____

SOCIAL/RECREATIONAL GROUP

Significant Information and Comments Regarding Close friendships, Social Activities, Group Memberships, Interests, and/or Level of Participation: _____
_____
_____

Self-Harm/Suicidal Thoughts and/or History

Describe any history of significant thoughts or actions about hurting self or others as well as anyone close to you who has such a history: _____
_____
_____
_____
_____

Additional RELEVANT INFORMATION: (if applicable)
_____
_____

_____ _____
Signature Date