

Adult Psychosocial History

Identifying Information (age, gender, ethnicity, marital status): _____

Presenting Problem: _____

Current Social Information:

1. Describe the present living arrangements (include with whom you are living with a brief description of these relationships): _____

2. How long have you been married/dating/living together? Describe this relationship (include occupation and age of significant other): _____

3. How many children do you have? (Name, sex, age): _____

4. Are there significant problems with any of these children? (Describe): _____

5. Give details of previous relationships/marriages: _____

6. Any history of abuse (emotional, physical, sexual) in current or previous relationships:

Family History

1. Describe your childhood and adolescence (include home atmosphere, relationship with parents): _____

2. Any history of significant life events such as death, abuse (physical, emotional, sexual) divorce, separation, other? _____

3. List mother and father by age, include occupation: _____

4. List siblings by age and describe how you relate to them (past and present): _____

5. Have any family members been treated for psychological or emotional problems? Is there any history of mental illness in your family? _____

Drug and Alcohol Abuse

1. Any family history of drug and/or alcohol usage? List and describe: _____

2. Any personal history of drug/alcohol usage? List and describe: _____

Educational History

1. Describe all school experiences, high school, college, and vocational. Were there any problems with truancy, suspensions, special education, social, or academic performance?

Employment History

- 1. Present employment status and where (positive and negative aspects of what is going on at work and with your career): _____

- 2. How would you like to improve your present employment situation? _____

Socialization Skills

- 1. List clubs and organizations you belong to: _____

- 2. Where does your greatest source of socialization come from? _____

- 3. What do you do for pleasure and relaxation? _____

Treatment Plans and Recommendations

- 1. _____
- 2. _____
- 3. _____
- 4. _____