***PSYCHOSOCIAL & MEDICAL HISTORY***

|  |  |  |  |
| --- | --- | --- | --- |
| ***Completed by:*** |  | ***Relationship to Client:*** |  |
| ***PRESENTING PROBLEMS:*** *Why are you seeking counseling?* |  |
|  |  |
|  |
| ***CURRENT SYMPTOM CHECKLIST:*** *Rate the intensity of the client’s current symptoms* |
| **None** - Not present at this time  | **Mild -** Impacts quality of life, but no significant impairment of day-to-day functioning |
| **Moderate -** Significant impact on quality of life &/or day-to-day functioning  | **Severe -** Profound impact on quality of life &/or day-to-day functioning |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|   | None | Mild | Moderate | Severe |  | None | Mild | Moderate | Severe |
| Aggressive behaviors | 🞏 | 🞏 | 🞏 | 🞏 | Irritability | 🞏 | 🞏 | 🞏 | 🞏 |
| Agitation | 🞏 | 🞏 | 🞏 | 🞏 | Laxative/diuretic use | 🞏 | 🞏 | 🞏 | 🞏 |
| Alcohol use | 🞏 | 🞏 | 🞏 | 🞏 | Mood swings | 🞏 | 🞏 | 🞏 | 🞏 |
| Anorexia | 🞏 | 🞏 | 🞏 | 🞏 | Obsessions/compulsions | 🞏 | 🞏 | 🞏 | 🞏 |
| Anxiety | 🞏 | 🞏 | 🞏 | 🞏 | Over-emotional | 🞏 | 🞏 | 🞏 | 🞏 |
| Appetite disturbance | 🞏 | 🞏 | 🞏 | 🞏 | Panic attacks | 🞏 | 🞏 | 🞏 | 🞏 |
| Behavior problems | 🞏 | 🞏 | 🞏 | 🞏 | Paranoid thoughts | 🞏 | 🞏 | 🞏 | 🞏 |
| Binging/purging | 🞏 | 🞏 | 🞏 | 🞏 | Physically hurt others | 🞏 | 🞏 | 🞏 | 🞏 |
| Bowel/bladder disturbance | 🞏 | 🞏 | 🞏 | 🞏 | Poor concentration | 🞏 | 🞏 | 🞏 | 🞏 |
| Confused thinking | 🞏 | 🞏 | 🞏 | 🞏 | Poor grooming | 🞏 | 🞏 | 🞏 | 🞏 |
| Defiant behaviors | 🞏 | 🞏 | 🞏 | 🞏 | Seeing strange things | 🞏 | 🞏 | 🞏 | 🞏 |
| Depressed mood | 🞏 | 🞏 | 🞏 | 🞏 | Self-injurious behaviors | 🞏 | 🞏 | 🞏 | 🞏 |
| Drug use | 🞏 | 🞏 | 🞏 | 🞏 | Sexual dysfunction | 🞏 | 🞏 | 🞏 | 🞏 |
| Elevated mood | 🞏 | 🞏 | 🞏 | 🞏 | Sexually harmed others | 🞏 | 🞏 | 🞏 | 🞏 |
| Emotionally harmed others | 🞏 | 🞏 | 🞏 | 🞏 | Significant weight gain/loss | 🞏 | 🞏 | 🞏 | 🞏 |
| Excessive fears | 🞏 | 🞏 | 🞏 | 🞏 | Sleep disturbance | 🞏 | 🞏 | 🞏 | 🞏 |
| Fatigue/low energy | 🞏 | 🞏 | 🞏 | 🞏 | Social isolation | 🞏 | 🞏 | 🞏 | 🞏 |
| Grief/loss | 🞏 | 🞏 | 🞏 | 🞏 | Stuttering | 🞏 | 🞏 | 🞏 | 🞏 |
| Guilt | 🞏 | 🞏 | 🞏 | 🞏 | Suicidal thoughts | 🞏 | 🞏 | 🞏 | 🞏 |
| Hear strange voices | 🞏 | 🞏 | 🞏 | 🞏 | Victim of physical harm | 🞏 | 🞏 | 🞏 | 🞏 |
| Hopeless | 🞏 | 🞏 | 🞏 | 🞏 | Worrying | 🞏 | 🞏 | 🞏 | 🞏 |
| Hyperactivity | 🞏 | 🞏 | 🞏 | 🞏 | Other: | 🞏 | 🞏 | 🞏 | 🞏 |

|  |  |
| --- | --- |
| *Who do you talk to about your problems or share your thoughts and feelings with?* |  |
|  |  |
| *How do you deal with stress?* |  |
|  |  |
| ***MEDICAL & DEVELOPMENTAL HISTORY:*** *Describe your current state of health:* 🞏 Excellent 🞏 Good 🞏 Fair 🞏 Poor |
| ***List Current Medications:*** *(Name & Dosage)* |  |
|  |
| Check 🗹 medical/developmental history for the client (C) or in the family (F): |
| C | F |  |  |  |  |  |  |  |
| 🞏 | 🞏 | Accidents/falls/head injury:  |
| 🞏 | 🞏 | Alcoholism/drug use:  |
| 🞏 | 🞏 | Allergies:  |
| 🞏 | 🞏 | Broken bones/concussions:  |
| 🞏 | 🞏 | Cancer/terminal illness:  |
| 🞏 | 🞏 | Other chronic or serious health problems: |
|  |  *(continued on next page)* |
|  |  |  |
| ***MEDICAL & DEVELOPMENTAL HISTORY:*** *(Continued from previous page)* |
| Check 🗹 medical/developmental history for the client (C) or in the family (F): |
| C | F |  | C | F |  | C | F |  |
| 🞏 | 🞏 | Asthma/bronchitis | 🞏 | 🞏 | Emotional/behavior problems | 🞏 | 🞏 | Thyroid: 🞏 Hyper 🞏 Hypo |
| 🞏 | 🞏 | Birth defects | 🞏 | 🞏 | Food sensitivities | 🞏 | 🞏 | Tobacco use |
| 🞏 | 🞏 | Caffeine use/abuse | 🞏 | 🞏 | Heart disease | 🞏 | 🞏 | Tuberculosis |
| 🞏 | 🞏 | Dementia/Alzheimer’s | 🞏 | 🞏 | High blood pressure | 🞏 | 🞏 | Ulcers |
| 🞏 | 🞏 | Diabetes | 🞏 | 🞏 | Mental impairment | 🞏 | 🞏 | Other: |
| 🞏 | 🞏 | Ear infections/tubes | 🞏 | 🞏 | STD: | 🞏 | 🞏 |  |
| ***List any inpatient/outpatient psychiatric treatment, including hospitalization(s):******SOCIAL-ECONOMIC HISTORY:*** |
| ***Housing*** | ***Financial*** | ***Legal History*** |
| 🞏 | Adequate housing | 🞏 | No current financial problems | 🞏 | No legal history |
| 🞏 | Inadequate housing | 🞏 | Current financial problems | 🞏 | Arrest(s) non-substance related |
| # Times moved as a child:\_\_\_\_\_ | 🞏 | Relationship conflicts over finances | 🞏 | Arrest(s) substance related |
| # Times moved as an adult:\_\_\_\_\_ | 🞏 | Large indebtedness | 🞏 | Currently on probation/parole |
|  |  | 🞏 | Impulsive spending | 🞏 | Court ordered treatment |
| ***Education*** | 🞏 | Poverty or below poverty income | 🞏 | Jail/prison time served: |  |
| Currently in school: 🞏 Yes 🞏 No |  |  | Describe most recent legal issue: |
| Location: |  |  |
| # Years completed: | ***Employment*** |  |
| Highest degree: | 🞏 | Currently employed Time @ current employer:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  | Employer/Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Satisfied 🞏 Unsatisfied: |
| ***Military*** | 🞏 | Currently unemployed Time unemployed:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞏 | Active Duty Branch:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| 🞏 | Inactive Duty  | 🞏 | Spouse currently employed Time @ current employer:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 🞏 | Honorable Discharge | Employer/Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🞏 Satisfied 🞏 Unsatisfied: |
| 🞏 | Dishonorable Discharge: | 🞏 | Spouse currently unemployed Time unemployed:\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |  |  |
| ***Church/Spiritual*** |
| Do you attend a church or religious group? 🞏 Yes 🞏 No If yes, where: |
| Are you active in a church or religious group? 🞏 Yes 🞏 No If yes, please describe:Describe your relationship with God/Higher Power: |
|  |  |  |  |  |  |
| ***Recreation/Community*** |  |  |  |  |
| What do you do for fun? |  |  |  |  |
|  |  |  |  |  |
| ***FAMILY of ORIGIN & FAMILY HISTORY:*** |
| ***Genogram: (For office use only)*** |
|  |  *(continued on next page)* |
| ***FAMILY of ORIGIN & FAMILY HISTORY:*** *(Continued from previous page)* |  |  |
| ***Father / Guardian*** |  | ***Mother / Guardian*** |
| Full Name: |  | Full Name: |
| Occupation: |  | Occupation: |
| Education: |  | Education: |
| General Health: |  | General Health: |
|  |  |  |  |  |
| ***Step Father*** |  | ***Step Mother*** |
| Full Name: |  | Full Name: |
| Occupation: |  | Occupation: |
| Education: |  | Education: |
| General Health: |  | General Health: |
|  |  |  |  |  |
| ***Family Present during Childhood***  |  | ***Parent’s Current Marital Status*** |  |
|  | Entire Childhood | PartialChildhood | NotPresent |  | 🞏 | Married to each other # years: |
| 🞏 | Separated # years: |
| Father | 🞏 | 🞏 | 🞏 |  | 🞏 | Divorced # years: |
| Mother | 🞏 | 🞏 | 🞏 |  | 🞏 | Father remarried # times: |
| Step Father | 🞏 | 🞏 | 🞏 |  | 🞏 | Mother remarried # times: |
| Step Mother | 🞏 | 🞏 | 🞏 |  | 🞏 | Father currently involved |
| Brother(s) | 🞏 | 🞏 | 🞏 |  | 🞏 | Mother currently involved |
| Sister(s) | 🞏 | 🞏 | 🞏 |  | 🞏 | Father deceased # years: |
| Other | 🞏 | 🞏 | 🞏 |  |  | Age at time of father’s death: |
| Other | 🞏 | 🞏 | 🞏 |  | 🞏 | Mother deceased # years: |
|  |  |  | Age at time of mother’s death: |
| ***Describe Childhood Family Experience*** |
| 🞏 | Outstanding home environment | 🞏 | Witnessed physical/verbal/sexual abuse towards others |
| 🞏 | Normal home environment | 🞏 | Experienced physical/verbal/sexual abuse from others |
| 🞏 | Chaotic home environment | 🞏 | Other |
|  |  |  |  |
| ***Client’s age when leaving childhood home & under what circumstances:*** |  |
|  |  |  |  |
| ***Special circumstances in childhood:*** |  |
|  |  |
| ***List all persons currently living in client’s household:*** |
| ***Name*** | ***Age*** | ***Gender*** | ***Relationship to Client*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  *(continued on next page)* |
|  |  |
| ***List all children not living in client’s household:*** *(Continued from previous page)* |  |  |
|  |
| ***Name*** | ***Age*** | ***Gender*** | ***Relationship to Client*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| ***Describe client/family visitation arrangements if applicable:*** |  |
|  |  |
|  |  |
| ***Describe current and/or past significant issues in immediate family relationships:*** |  |
|  |  |
|  |  |
| ***HISTORY of INTIMATE RELATIONSHIPS:*** |  |
| ***Intimate relationships*** |  ***Relationship Satisfaction*** |
| 🞏 | Single, never married | 🞏 | Very satisfied with relationship |
| 🞏 | Never been in a serious relationship | 🞏 | Satisfied with relationship |
| 🞏 | Date but not currently in relationship | 🞏 | Somewhat satisfied with relationship |
| 🞏 | Currently in a serious relationship | 🞏 | Dissatisfied with relationship |
| 🞏 | Engaged to be married Time: | 🞏 | Very dissatisfied with relationship |
| 🞏 | Married # years: |  |  |

|  |  |
| --- | --- |
| ***Describe any current or past significant issues in intimate (i.e. sexual) relationships:*** |  |
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|  |
| ***NOTES:*** *(For Office Use Only)* |