***PSYCHOSOCIAL & MEDICAL HISTORY***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| ***Completed by:*** |  | | | | ***Relationship to Client:*** | |  |
| ***PRESENTING PROBLEMS:*** *Why are you seeking counseling?* | | | |  | | | |
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|  | | | | | | | |
| ***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 | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | 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: | 🞏 | 🞏 | 🞏 | 🞏 |

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| *Who do you talk to about your problems or share your thoughts and feelings with?* | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | |
| *How do you deal with stress?* | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***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)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***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 | | Partial  Childhood | | | Not  Present | | | | | |  | | | 🞏 | | 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*** | | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |
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|  | | | | | | | | *(continued on next page)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***List all children not living in client’s household:*** *(Continued from previous page)* | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  |  | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ***Name*** | | | | | | | | | | | | | | | ***Age*** | | | | | | ***Gender*** | | | | | | | | ***Relationship to Client*** | | | | | | | | | |
|  | | | | | | | | | | | | | | |  | | | | | |  | | | | | | | |  | | | | | | | | | |
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| ***Describe client/family visitation arrangements if applicable:*** | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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|  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | |
| ***Describe current and/or past significant issues in immediate family relationships:*** | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
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| ***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:*** |  |
|  | |
|  | |
| ***NOTES:*** *(For Office Use Only)* | |