

Psychosocial History

Client Name: _____ Date of Birth: _____ Date: _____

Spouse/partner name if applicable: _____

Please include info for spouse/partner if applicable

Presenting problem / Issues to address: _____

Circle if experiencing currently: depression / sadness / anxiety / panic / mood swings / obsessions/compulsions

What is your relationship status? (Married, divorced, dating, widowed, etc) _____ Length of time: _____

Who are the members of your family? (Please list any children with names and ages) _____

What is your education level? Currently attending school? _____

Are you currently working? **Y/N** What is your occupation? _____

Military history? **Y/N** List branch and combat dates if applicable _____

Are there any current economic or financial stressors? **Y/N** Please list if applicable to treatment _____

Describe special areas of interest/hobbies (art, books, music, sports, etc) _____

What are your spiritual/religious preferences, if applicable? _____

Please list any problems with sexuality or intimacy: _____

List any current health concerns: _____

List any medications you are taking and any allergies: _____

PCP Name/Psychiatrist Name: _____

Describe previous counseling / psychiatric history: _____

Do you feel suicidal at this time? **Y/N** Explain _____

Describe any history of suicide attempts and/or self inflicted injuries: _____

Do you currently drink alcohol or use any other substances? **Y/N** Explain: _____

Are you experiencing any legal issues? **Y/N** Please describe _____

What are your strengths? _____

What are your goals for therapy? _____

For Staff Use Only

Reviewed by:

_____ Date _____

Shannon Brown, MC, LMFT