

Client Name: _____

Date Completed: _____

Psychosocial Assessment

Name _____

DOB: _____

Who do you currently live with?

NAME

RELATIONSHIP

AGE

<i>NAME</i>	<i>RELATIONSHIP</i>	<i>AGE</i>

State your current situation in your own words:

If a minor whom do you live with full-time? _____

(Please have a copy of custodial documents for records.)

If a minor what school do you attend and what grade are you in?

Please describe your current home life if not already described:

Client Name: _____

Date Completed: _____

Briefly describe the top three problems which you are seeking counseling services for and the top three changes you wish to see throughout the course of your counseling.

➤ 3 Top Problems:

1. _____

2. _____

3. _____

➤ 3 Top Changes:

1. _____

2. _____

3. _____

Childhood History

How would you describe your childhood?

Were you abused as a child? Y__N__ *If yes, please explain:*

Have you ever used self-harming behaviors to deal with your issues? (Examples may include, but are not limited to cutting, binge eating, purging, etc.) Y__N__

If yes, please explain:

Client Name: _____

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Have you ever engaged in weight-controlling behaviors? (Examples may include, but are not limited to excessive dieting or exercise, purging, diet pills, etc.) Y__N__

If yes, please explain:

Are you or have you ever been in the military? Y__ N__

If yes, what branch? _____

Has any member of your family ever been in the military? Y__ N__

If yes, who? _____

Current Stressors

Are any of the following stressful issues for you?

Finances __ Legal __ Educational __ Family __ Other: _____

Please Explain:

Spiritual History

Do you believe in God? Y__ N__ Higher Power? Y__ N__

Are you a member of a church, synagogue or other religious affiliation? Y__ N__

Does religion/spirituality play an important role in your life? Y__ N__

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How would you describe the current state of your spiritual relationship?

Physical Health

Describe any physical problems that may contribute to your current situation?

List any medications you currently take, how often, and who prescribed them:

Are you currently or have you ever been under psychiatric care? Y___ N___

If so, who? _____ *Phone:* _____

Date of last psychiatric visit: _____

Have you previously been diagnosed with any psychiatric disorder? Y__ N__

If yes, what were you diagnosed with and by whom?

Substance Use

Client Name: _____

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Have you ever used drugs or alcohol? Y__ N__

Please Explain:

Have you ever received treatment for addiction/alcoholism or been involved in a 12 step group such as AA, NA, or GA? Y__ N__

Please Explain:

Have any of your family members ever used drugs or alcohol? Y__ N__

Have they received treatment? Y__ N__

Please Explain:

Please list any questions or concerns that you would like your therapist to address:
