

PSYCHOSOCIAL & MEDICAL HISTORY Completed by: _____ Relationship to client _____

PRESENTING PROBLEMS

Why are you seeking counseling?

CURRENT SYMPTOM CHECKLIST (Rate intensity of symptoms currently present)

None This symptom 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 and/or day-to-day functioning • Severe Profound impact on quality of life and/or day-to-day functioning

Table with 4 columns: None, Mild, Moderate, Severe. Rows include symptoms like aggressive behaviors, agitation, alcohol to excess, etc.

Who do you talk to about problems? _____

How do you deal with stress? _____

MEDICAL/DEVELOPMENTAL HISTORY (check all that apply for the client)

What medications are you currently taking?

1.) Medication & Dosage _____ Frequency _____ Start date _____ End date _____

Physician _____ Side effects _____ Beneficial _____

2.) Medication & Dosage _____ Frequency _____ Start date _____ End date _____

Physician _____ Side effects _____ Beneficial _____

List any medications you have taken in the past: _____

Describe current physical health: [] Good [] Fair [] Poor

Is there a history of any of the following for the client (S) or in the family (F):

- S F [] [] tuberculosis [] [] tobacco use [] [] diabetes
[] [] bronchitis/asthma (circle) [] [] mental deficiency [] [] cancer
[] [] birth defects [] [] caffeine use/abuse [] [] Alzheimer's disease/dementia
[] [] emotional/behavioral (circle) problems [] [] ear infections/tubes [] [] stroke/coma (circle)
[] [] thyroid problems [] [] ulcers [] [] heart disease
[] [] high blood pressure [] [] food sensitivities [] [] orthopedic problems
[] [] alcoholism/drug abuse (circle), when & what happens(ed) behaviorally?
[] [] allergies
[] [] falls/accidents
[] [] concussions/broken bones (list with age)
[] [] other chronic or serious health problems

Name _____ Client # _____

Last First Middle Date

Do you, the client, have a history for any of the following? (Check all that apply):

- | | | |
|--|---|--|
| <input type="checkbox"/> chronic lying | <input type="checkbox"/> hostile/angry mood | <input type="checkbox"/> self-injurious acts |
| <input type="checkbox"/> stealing | <input type="checkbox"/> indecisive | <input type="checkbox"/> impulsive |
| <input type="checkbox"/> violent temper | <input type="checkbox"/> immature | <input type="checkbox"/> easily distracted |
| <input type="checkbox"/> fire setting | <input type="checkbox"/> bizarre behaviors | <input type="checkbox"/> poor concentration |
| <input type="checkbox"/> won't sleep alone | <input type="checkbox"/> night terrors | <input type="checkbox"/> overeating |
| <input type="checkbox"/> repeats words of others | <input type="checkbox"/> distrustful | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> not trustworthy | <input type="checkbox"/> extreme worrier | |

FAMILY HISTORY/ FAMILY OF ORIGIN

Present during childhood:

	Present entire childhood	Present part of childhood	Not present at all
mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Parents' current marital status:

- married to each other
- separated for ___ years
- divorced for ___ years
- mother remarried ___ times
- father remarried ___ times
- mother involved with someone
- father involved with someone
- mother deceased for ___ years
age of client at mother's death _____
- father deceased for ___ years
age of client at father's death _____

Describe childhood family experience:

- outstanding home environment
- normal home environment
- chaotic home environment
- witnessed physical/verbal/sexual abuse toward others
- experienced physical/verbal/sexual abuse from others
- other _____

Describe Siblings (Brothers & Sisters): _____

Describe parents:

Father
 full name _____
 occupation _____
 education _____
 general health _____

Mother
 full name _____
 occupation _____
 education _____
 general health _____

Client's Age at leaving childhood home: _____ **Circumstances:** _____

Special circumstances in childhood: _____

IMMEDIATE FAMILY

Intimate relationships:

- single, never married
- never been in a serious relationship
- not currently in relationship
- currently in a serious relationship
- engaged _____ months
- married for _____ years
- divorced for ___ years
- separated for ___ years
- divorce in process _____ months

- live-in for ___ years
- ___ prior marriages (self)
- ___ prior marriages (partner)

Relationship satisfaction:

- very satisfied with relationship
- satisfied with relationship
- somewhat satisfied with relationship
- dissatisfied with relationship
- very dissatisfied with relationship

Describe any past or current significant issues in intimate (eg; spousal) relationships: _____

List all persons currently living in client's household:

Name _____ Client # _____
 Last First Middle Date

Name	Age	Sex	Relationship to client

List children not living in same household as client:

Name	Age	Sex	Relationship to client

Frequency of visitation of above: _____

Describe any past or current significant issues in other immediate family relationships: _____

SOCIO-ECONOMIC HISTORY (check all that apply for client)

Living situation:

- housing adequate
- housing inadequate, why? _____

Financial situation:

- no current financial problems
- large indebtedness
- poverty or below-poverty income
- impulsive spending
- relationship conflicts over finances

Military history:

Branch in military: _____

Honorable discharge: Yes No

Years of Schooling Completed: _____

Current Employment, how long?: _____

Spouse's Employment (if applicable): _____

Employment Satisfactory? Yes No

If no, why? _____

Church/spiritual/recreational history:

- Y N
- Do you attend a church/religious group?
If yes, where? _____
- Are you active in your church/religious group?
Describe your relationship with God/Higher Power: _____
- _____
- _____

Social support system:

- close relationship with family/friends
- few friends
- substance-use-based friends
- no friends
- distant from family of origin

Legal history:

- no legal problems
- now on parole/probation
- arrest(s) not substance-related
- arrest(s) substance-related
- court ordered this treatment
- jail/prison _____ time(s)
- total time served: _____
- describe last legal difficulty: _____

- Y N
- Currently active in community/recreational activities?
- Formerly active in community/recreational activities?
- Currently engage in hobbies? _____
- misc.: _____
- _____
- _____

Name _____ Client # _____

 Last First Middle Date