

Psychosocial History

Name
Date
Agency

IDENTIFYING DATA

Age
Ethnicity
Marital Status
Date of Birth
Emergency
Contact/Relationship/Telephone Number

REFERRAL SOURCE

Who referred this individual for treatment?
Was the informant a reliable historian?
Was information gleaned from previous treatment records, court documents, etc?

MENTAL STATUS

Attitude/Appearance/Behavior
Affect/Mood/Psychomotor Activity
Orientation/Memory/Cognition
Thought Process/Content
Speech
Insight/Judgment
Homicidal/Suicidal Ideation
Hallucination(s)/Delusion(s)

PRESENTING PROBLEM(S)

Client Self-Assessment of Problem(s)
Reason(s) for Seeking
Treatment/Motivation
Onset/Duration/Intensity/Frequency
Precipitating Stressors/Stressful Events
Symptoms (In Client's/Informant's Own Words)

HISTORY OF PSYCHIATRIC ILLNESS AND PREVIOUS TREATMENT

Previous
Diagnoses/Medications/Inpatient and Outpatient Treatment

History of Suicidal Ideation/Suicide Attempts/Self-Mutilation/Homicidal Ideation/Aggression

SOCIAL HISTORY

A. PRENATAL /BIRTH/DEVELOPMENT

Pregnancy and Labor
Developmental Milestone(s)

B. EARLY CHILDHOOD

Family of Origin-
Parents/Siblings/Extended Family, as Relevant
Geographic/Cultural/Spiritual Factors/as Relevant
Abuse/Trauma History-
Physical/Emotional/Sexual

C. SOCIAL DEVELOPMENT

Cultural/Peer Group/Environment
School
Adolescence

D. EDUCATIONAL HISTORY

Public or Private School(s)
Where Attended
Performance
Educational Level
Extracurricular Activities

E. MILITARY HISTORY

What Branch
Duty Assignment (when/where)
Rank/Discharge

INTERPERSONAL/MARITAL HISTORY

Age of Involvement in Relationships
Sexual Orientation
Length of Relationships
Basis of Attraction
Relationship Patterns/Problems
Partner's Age/Occupation

LEGAL HISTORY

Previous Arrests/Convictions
Pending Charges
Child Custody Disputes
Involvement in Lawsuits
History of Court Ordered Treatment
Guardian/Power of Attorney
Probation/Parole
Is Treatment a condition of legal involvement?
Is Treatment to be a part of current or contemplated lawsuit?
Disability Claim, or Divorce Proceeding?

SUBSTANCE ABUSE HISTORY

Type/Onset/Duration/Amount
Frequency/Pattern of Use
Involvement in Treatment

RELIGION/SPIRITUALITY**CULTURAL/ETHNIC FACTORS****MEDICAL HISTORY/HEALTH STATUS**

History of Traumatic Injuries/Illnesses/Chronic Health Problems
Describe current illness
Is client in good general health?
Is client allergic to any medications?
Who is client's Primary Care Physician?
Is the client being treated by any other physician(s)?
What are the client's current psychiatric and non-psychiatric medications?
Describe client's health habits-Appetite, Sleep, Exercise, Nicotine, Alcohol, Illicit Drugs, and Vitamins/Herbal Supplements?
Sexual Functioning-Preference/Problems, Pregnancy/Birth Control, Risk Behaviors for STD's?

CURRENT SITUATION

Living Situation
Dependents/Care for Dependents
Employment/Disability/Seeking Disability
Income/Source of Income
Insurance
Transportation
Daily Living Skills
Social/Leisure Activities
Available Social Support

RISK OF DANGER TO OTHER PEOPLE**OTHER SIGNIFICANT FACTORS****GOALS FOR THERAPY**

What are the client's treatment goals?

Adapted from Norris-Denton (2009).