

Adult Psychosocial Assessment

Name _____

Date _____

Presenting Problem: _____

Existing Medical condition: Have you had any of the following medical problems?

- | | | |
|--|---|---|
| <input type="checkbox"/> Heart disease | <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Back problem |
| <input type="checkbox"/> Lung disease | <input type="checkbox"/> Hypertension/high blood pressure | <input type="checkbox"/> Chronic pain |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Cancer | <input type="checkbox"/> Thyroid problems |
| <input type="checkbox"/> Seizures | <input type="checkbox"/> Liver disease | <input type="checkbox"/> Ulcers |

Previous mental health treatment history

Type of treatment received	Symptoms at the time of treatment	Approximate length of stay	Approximate dates of services

Please list all psychiatric medications taken and effectiveness of each:

Tobacco, Alcohol and Drug use history

	Amount	Frequency	Date of last use
Tobacco			
Alcohol			
Marihuana			
Cocaine			
Crack			
Amphetamine			
LSD			
PCP			
IV drug use			
Other:			

Social History: Briefly describe what it was like to grow up in your family :

Physical, sexual or emotional abuse: _____

Have any family members dealt with any mental illness, substance abuse? If so please list: _____

Highest level of education _____

Employment _____ Hobbies _____