

Adult Social History

Identifying information:

Name:

DOB:

Address:

Home Phone:

Work Phone:

Cell Phone:

Email Address:

Insurance Company:

Member ID:

Group Number:

Insurance Company Phone Number:

What led you to seek therapy at this time?

What would you like to achieve through therapy?

Have you previously received therapy services? If yes, when and for how long? Briefly describe your experience.

Current Social Information:

1. Describe your present living arrangements (include with whom you are living and a brief description of these relationships)

2. Are you currently in a relationship? If so, how long have you been married/dating/living together? Describe this relationship (include occupation and age of significant other)

3. Have you been involved in previous significant relationships/marriages? If so, please describe them.

4. Is there any history of abuse (emotional, physical, sexual) in current or previous relationships? If yes, please explain. Include any treatment that resulted from the abuse (individual or group therapy, medical treatment etc.).

5. Do you have children? (name, age, sex):

4. Are there any medical/social/emotional issues/concerns with any of your children? If so, please describe.

Family History:

1. Describe your childhood and adolescence (include home environment, relationships with parents/care givers).

2. Is there any history of significant life events such as death, abuse (physical, emotional, sexual) divorce, separation, etc.? If yes, please describe.

3. List your mother's and father's age, level of education, and occupations.

4. List siblings by age and describe your relationship with them (past and present).

5. Have any family members been treated for/have emotional disabilities or other issues?

Substance use/abuse:

1. Is there any history of substance use/abuse in your family? If yes, please describe.

2. Is there any personal history of substance use/abuse? If yes, please describe.

3. Are you currently taking any prescription or OTC medication? If yes, what for and for how long?

Educational History:

1. Describe school experiences. Were there any issues with behavior, such as truancy or suspension? Did you receive special education services?

Grade School-

High School-

College, vocational school, etc.-

Employment Information:

1. What is your present employment status? What are the positive and negative aspects of your current employment situation?

Socialization Information:

1. Do you belong to any clubs or organizations? If so, please list and describe them.

2. Do you have any hobbies? If so, please list and describe them.

3. What do you do for pleasure and relaxation?

4. How much time during the week are you engaged the above activities?

5. Do you have any issues/concerns with your present social situation?

Client Signature

Date

Therapist Signature

Date