

Name: _____

Date: _____

PSYCHOSOCIAL ASSESSMENT

FAMILY HISTORY

Present Household

Name Spouse / Child	Age Date of Birth	Relationship Married/Biological/Step	Location If Not in Home	Relationship General description

Household you grew up in

Sibling Name	Gender M/ F	Age	Birth Order oldest/youngest	Family Type single parent/ blended/traditional	Describe your Sibling General characteristics	Relationship Conflicted/Close

Tell me about your **mother**, step mother and/or other significant female care providers?
 What were their personalities like, how did they treat you, and what has been your relationship with them over the years including now?

Did mother have any complications during pregnancy &/or delivery? Yes ____ No ____
 Did mother drink, smoke or use illicit drugs during pregnancy? Yes ____ No ____

Tell me about your **father**, step father and/or other significant male care providers? What were their personalities like, how did they treat you, and what has been your relationship with them over the years including now?

Tell me about your earliest childhood memory. Any significant family events during your growing up years?

How did your family handle conflict?

How did your family communicate with each other?

What do you like & dislike about your family?

MEDICAL HISTORY

Tell me about any medical problems you have –chronic illnesses, traumatic injuries, head injuries, major surgeries, chronic pain? Includes dates, hospitalization, information, disabilities.

LIFE STYLE

Physical Health (1 poor, 10 excellent): Rating _____

Sleep (any concerns): Hours/Night _____

Exercise: Form(s):
 How Often: Regularly _____ Sometimes _____ Rarely _____

Sex Life (how satisfied are you): Rating _____

Medication(s):

Prescription Type	Diagnosis	How Often	How Long

Alcohol Intake:

Amount (per use)	Frequency (per day/week)	How Long (months, years)

Drugs:

Type	How Much	How Often	How Long	Treatment

Have you ever had a period of heavy alcohol or drug use? Please describe.

Has any member of your family had a period of heavy alcohol or drug abuse, past or present? Please describe.

Has or does drug and alcohol use interfere with or negatively affect your life?

Have you experienced any of the following symptoms of withdrawal?

Tremors Nausea Vomiting Sweats Seizures Hallucinations
Others

Any additional comments:

ADDICTIONS - Please check all that apply

Alcohol	_____	Drug (illegal and/or prescription)	_____
Food	_____	Sex	_____
Gambling	_____	Shopping (includes online)	_____
Smoking	_____	Internet	_____

Age of Onset	How Often	Last Use	Treatment	Consequences of Abuse

EMOTIONAL/MENTAL HEALTH

How would you describe yourself emotionally? _____

Have you had any thoughts of hurting yourself or another? Yes _____ No _____

 Any current suicidal thoughts, &/or intent to end your life? Yes _____ No _____

Do you presently or have you in the past had any:

Risk Factor	Yes	No	Comments
Suicidal Thoughts			
History of Suicide Attempts			
Homicidal / Violent Thoughts			
History of Violent Behaviour			
Paranoid Thoughts			
Hallucinations			

SUICIDE RISK ASSESSMENT:

Harm to **Self**: None _____ Low _____ Medium _____ High _____
 Harm to **Others**: None _____ Low _____ Medium _____ High _____

Any hospitalization/treatment for psychiatric problems? _____

Any memory or cognitive problems? _____

What significant problems or stresses are you facing at the present time?

SPIRITUAL/RELIGIOUS BELIEFS

Is there any specific belief system that you follow that I need to be aware of?

Did religion/spiritual practice play a part in your upbringing?

Any additional comments:

RELATIONSHIP HISTORY

List any significant relationships in your life (for example marriage, common-law union, long term dating, divorced) starting with the most recent or current:

Status: (Dating, Married, Divorced)	Duration:	Age (of onset):	Crises / Abuse: (verb/sex/phys)	Other Relevant Info:

Sexual Orientation: _____

TRAUMAS or SIGNIFICANT LOSSES

Have you experienced any of the following traumas?

Please indicate all that apply:

- | | | |
|----------------------|-------------------------|-----------------------|
| Abduction | Bullying | Chronic Illness |
| Cultural | Criminal | Deaths |
| Divorce / Separation | Emotional | Financial |
| Hate crime | Identity theft Internet | Fraud |
| Isolation | Loss of Culture | Loss of Independence |
| Medical / Physical | Sexual Abuse | Stalking |
| Torture / War | Witness of Trauma | Work Related/Job Loss |

EDUCATION

Current Level of Education: _____

Educational Goals: _____

CAREER

Current employment/job description? _____

Employment History? _____

Level of job satisfaction) 1-5) _____ Why? _____

Gaps in Employment History? _____

Reasons for Leaving? _____

Any volunteer work? _____

Any additional comments:

LEGAL HISTORY

Describe any legal (criminal) problems you have ever had. _____

Describe any violent behaviour you have ever exhibited. _____

Any outstanding legal matters? _____

 Probation? _____ In jail (past/current) _____

Ongoing lawsuit(s)? _____

Past legal matters? _____

SUPPORT SYSTEMS

Who do you turn to for support?

Friends _____ Church _____ Professionals _____ Neighbours _____ Co-workers _____

Virtual Friends _____ Children _____ Partner _____ Pets _____ Family _____

Reason you would choose these supports?

CLIENT ATTRIBUTES

Tell me about your strengths, hobbies, interests. What do you like to do for fun and relaxation?

If you were granted 3 wishes what would they be & how might they change your life?

- 1.
- 2.
- 3.

TREATMENT GOALS

What would you like to achieve in our work?

- 1.
- 2.
- 3.

Is there anything I did not ask, that you think would be helpful for me to know?

RECOMMENDATIONS