

PSYCHOSOCIAL HISTORY

Directions: Practicum/internship students should complete this form prior to the initiation of therapy and after completion of the Initial Intake Form.

I. Identifying Information

Name _____ Age _____
Address _____ Date of birth _____
Phone _____ Marital status _____

II. Presenting Problem/Complaint

Nature of complaint? _____

When did the problem begin (date of onset)? _____

How often does it occur? _____

How does it affect your daily functioning? _____

Are there events, situations, and person(s) that precipitate it? _____

Symptoms:

Acute _____
(Describe) _____

Chronic _____
(Describe) _____

Previous treatment (List by whom, outcome, and reason for termination of treatment)

Medical:

Physician's name _____

Treatment dates from _____ to _____

Describe _____

Psychiatric

Therapist's name: _____

Treatment dates from _____ to _____

Describe _____

Prescription drugs

Substance usage _____

Description/frequency/amount _____

III. Developmental History

Pregnancy _____

Delivery _____

Infancy (developmental milestones) _____

Middle childhood (developmental milestones) _____

Adolescence (developmental milestones) _____

Young adulthood, middle adulthood, late adulthood (developmental milestones)

IV. Family History

Parent (names, ages, occupations) _____

Parental description (personality/attitude toward client) _____

Siblings/significant others (names, ages) _____

Personality/attitude toward the client _____

V. Educational/Occupational History

Education (highest grade achieved; school performance/special classes/special needs)

Occupational (job status, kinds of jobs, length of employment, vocational interests)

VI. Health History

Childhood disease, prior illnesses, surgery, etc. _____

Current health (description of clinic) _____

Family health (grandparents, children) _____

Current medication (prescribed and over the counter) _____

VII. Marital History

Marital status: Years married, number of children (problems, stressors, enjoyment)

Client's description of the current relationship with spouse _____

Client's perception of sexual relationship (attitudes/behavior) _____
