

PSYCHO-SOCIAL HISTORY

Current problems: _____

Symptoms: _____

Family History: _____

IMMIGRATION HISTORY (if applicable) / Cultural Variables:

PSYCHO-SOCIAL

Stressors/Limitations: _____

Strengths: _____

HISTORY OF PSYCHOLOGICAL/PSYCHIATRIC TREATMENT (Check if applicable)

In-Patient: Number of times: _____ Last In-Patient Date: _____
Reason: _____

Out-Patient: Number of previous therapists: _____
Reason: _____
Outcome: _____

Most recent therapist/physician: _____

How long: _____ Last visit: _____ Diagnosis: _____

Other current treatment: _____

FAMILY HISTORY OF PSYCHOLOGICAL TREATMENT (if applicable)

1. _____ (relationship) Dx: _____

2. _____ (relationship) Dx: _____

MEDICAL HISTORY (if applicable)

Current Medications:

1. _____ Dosage: _____ Duration of use: _____ For: _____

2. _____ Dosage: _____ Duration of use: _____ For: _____

3. _____ Dosage: _____ Duration of use: _____ For: _____

Prescribing Physician: _____

Medical problems over last five years: _____

History of Suicidal Ideation / Attempts	
History of Violent Behavior:	
History of Substance Use	
Alcohol:	
Other Drugs:	

Previous Treatment for Chemical Abuse: _____ How many times: _____

Where: _____ When: _____ Completion: _____

Currently attending "12-Step Group": AA NA CA SA

Currently in treatment: _____ Where: _____

ARREST RECORD (if applicable)

HISTORY OF ABUSE (if applicable)

Were you physically, sexually or emotionally abused or neglected as a child? _____

1. Abused by whom? _____ Your age: _____ Their age: _____

Reported? _____ If yes, to whom? _____ When? _____

Circumstances? _____

2. Abused by whom? _____ Your age: _____ Their age: _____

Reported? _____ If yes, to whom? _____ When? _____

Circumstances? _____

3. Abused by whom? _____ Your age: _____ Their age: _____

Reported? _____ If yes, to whom? _____ When? _____

Circumstances? _____

RELATIONSHIP/SEXUAL HISTORY

How many times married? _____

How many times partnered? _____

Currently in a relationship: Yes _____ No _____

If yes, how long? _____