

PSYCHOSOCIAL ASSESSMENT DATA

Please print legibly

Name:

Today's Date:

Name You Like to Be Called:

Address:

Phone Number(s):

Email address:

Date of Birth:

Would like to receive emails of workshops? Yes or No

Significant relationships in your life now:

Education & Employment History:

Religion or Spiritual Path:

Exercise:

Is your diet healthy?

Use of alcohol and drugs: (how much, how often)

Medical History & Present Health:

Primary Care Doctor:

Psychiatrist:

Medications: (Current, Past)

Why are you coming for therapy at this time?

Prior therapy: (How effective was it and why?)

CHILDHOOD HISTORY

CHECK ALL THE PERSON YOU LIVED WITH GROWING UP AND YOUR
RELATIONSHIP TO THEM AT THE TIME:

	GOOD	FAIR	POOR
NATURAL MOTHER			
NATURAL FATHER			
ADOPTIVE MOTHER			
ADOPTIVE FATHER			
STEPMOTHER			
STEPFATHER			
FOSTER PARENTS			

BROTHERS (LIST)

SISTERS (LIST)

OTHER RELATIVES:

WHAT WERE YOU LIKE AS A CHILD?

PREVIOUS RELATIONSHIPS

NAME	DATE	CHILDREN	DATE & CAUSE OF BREAKUP
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LIST THE PEOPLE YOU NOW LIVE AND CHECK BEST DESCRIPTION OF YOUR
RELATIONSHIP

NAME	RELATIONSHIP	GOOD	FAIR	POOR
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DESCRIBE YOUR PERSONAL STRENGTHS:

WHAT ARE YOUR GOALS FOR THERAPY AND FOR LIFE?