

Compass Counseling Associates, LLC

PSYCHOSOCIAL HISTORY FORM:

Name: _____ Date of Birth: _____ Age: _____

Nickname: _____

Briefly describe your reason for seeking help: _____

Marriages/Significant Relationships

Marital Status:

Single ____ Married ____ Divorced ____ Separated ____ Widowed ____ Living Together ____

Current Partner: _____ Length of relationship _____

Age of spouse/Partner: _____ Education/Degrees: _____

Is he/she currently employed? _____ How Long? _____

If married, separated or living together, briefly describe your relationship: _____

Previous Relationships:

Name/Age

Length of Relationship

Termination of Relationship

Names and Ages of Children: _____

Physical Health

How would you describe your current physical health? (circle one)

Poor Fair Good Very good Excellent

Height: _____ Weight: _____

Name of Primary Care Physician: _____

Physician's address and phone #: _____

Date of last medical evaluation: _____ Date of next appointment: _____

List any health issues: _____

List any past surgeries: _____

Current Medications:

1. _____ Dosage/Freq _____ Start Date _____ Purpose _____

2. _____ Dosage/Freq _____ Start Date _____ Purpose _____

3. _____ Dosage/Freq _____ Start Date _____ Purpose _____

4. _____ Dosage/Freq _____ Start Date _____ Purpose _____

Have you ever been hospitalized for medical or psychiatric reasons? Yes _____ No _____

Hospital:	Month/Year:	Reason:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Mental Health

Have you ever sought help or been treated for psychological or emotional reason? Yes _____ No _____

If so, when and where? _____

Was it helpful? _____

Have you ever been diagnosed with a mental illness? Yes _____ No _____ If yes, please explain: _____

Have you ever thought about suicide? Yes _____ No _____ If so, did you have a plan? Yes _____ No _____

Have you ever attempted suicide? Yes _____ No _____ If so, how many times? _____

Have you ever engaged in self-harm? Yes _____ No _____ If so, please explain: _____

Alcohol and Drug History

Do you feel you have a drug or alcohol problem? Yes _____ No _____

If so, please explain: _____

List all drugs including alcohol that you currently use or have used in the last year:(indicate Frequency and amount)

Legal

Please list and describe any arrests or legal problems: _____

Employment History

Current Employer: _____

Type of Work: _____ Dates of employment: _____

Describe your satisfaction or dissatisfaction with work: _____

How do you get along with your boss? _____

How do you get along with other employees? _____

List past employment and time frames: _____

If not employed, how long has it been since you worked? _____

What kind of job did you have? _____

What was your reason for leaving your employment? _____

Financial Situation:

How would you describe your financial situation at this time? (Circle one)

Terrible Fair Good Excellent

On a scale of 1 to 5 what is the stress level with you financial situation, with 1 being the lowest:

1 2 3 4 5

Armed Services

Armed Services? Yes _____ No _____ if yes, complete the following. If no, please go to the next section.

Branch: _____ Length of time served: _____

Type of work: _____

Highest rank achieved: _____

Awards/commendation: _____

Any disciplinary action? _____

Type of discharge: _____

Feelings/thoughts about time in service: _____

Education

Significant events having to do with education: (friends, grades, fears, strengths, weaknesses)

Elementary School: _____

Middle School: _____

High School: _____

College: _____

Degree _____

Sports/Clubs in School: _____

Personal History

Significant Events in your life: (i.e. losses, moves, injuries, honors, championships, changes)

Birth to 5: _____

6 to 10: _____

11 to 15: _____

16 to 20: _____

21 to 30: _____

31 to 40: _____

41 to present: _____

Parent and Family History

What city/state did you live in growing up? _____

How was the relationship between your parents? _____

Who raised you? _____

Describe their parenting style: _____

Describe your relationship with your parents: _____

Father

Name: _____ Current age: _____

If deceased, at what age did he die? _____ Cause: _____

Describe your father: _____

Highest education level attained: _____ Occupation: _____

History of excessive alcohol or drug abuse? Yes _____ No _____ if yes, explain: _____

History of emotional problems/mental illness? Yes _____ No _____ if yes, please explain: _____

Primary method of discipline: _____

Mother

Name: _____ Current age: _____

If deceased, at what age did she die? _____ Cause: _____

Describe your mother: _____

Highest education level attained: _____ Occupation: _____

History of excessive alcohol or drug abuse? Yes _____ No _____ if yes, explain: _____

History of emotional problems/mental illness? Yes _____ No _____ if yes, please explain: _____

Primary method of discipline: _____

Where do your parents currently reside? _____

Did either parent abuse or neglect you? _____

If you could change anything about your parents or family, what would it be? _____

Siblings

#1 Name _____ Sex: Male Female

Age: _____ Occupation: _____ Education Level: _____

Married: Yes ___ No ___ Divorced: Yes ___ No ___ How often do you see this sibling: _____

Number of children/ages: _____

History of alcohol/drug abuse? Yes ___ No ___ if yes, explain: _____

Describe past and present relationship: _____

History of emotional problems/mental illness: Yes ___ No ___ if yes, explain: _____

Sibling

#2 Name _____ Sex: Male Female

Age: _____ Occupation: _____ Education Level: _____

Married: Yes ___ No ___ Divorced? Yes ___ No ___ How often do you see this sibling: _____

Number of children/ages: _____

History of alcohol/drug abuse? Yes ___ No ___ if yes, explain: _____

Describe past and present relationship: _____

History of emotional problems/mental illness: Yes ___ No ___ if yes, explain: _____

Sibling

#3 Name _____ Sex: Male Female

Age: _____ Occupation: _____ Education Level: _____

Married: Yes ___ No ___ Divorced? Yes ___ No ___ How often do you see this sibling: _____

Number of children/ages: _____

History of alcohol/drug abuse? Yes ___ No ___ if yes, explain: _____

Describe past and present relationship: _____

History of emotional problems/mental illness: Yes ___ No ___ if yes, explain: _____

Additional Siblings:

Religious and Spiritual Beliefs

Do you feel comfortable discussing religious/spiritual matters in your life? Yes ___ No ___

If No, you may explain or move to next section: _____

Were you raised according to a certain religious faith? Yes ___ No ___ if so, explain: _____

What is your current religious affiliation? _____

Do you attend services on a regular basis? How often? _____

Circle any problem that pertains to you at the present:

Anger	Education	Sexual Problems	Work
Drug Use	Loneliness	Bowel Troubles	Marriage
Fatigue	Ambition	Stomach Problems	Divorce
Friends	My Appearance	Suicidal thought	Future
My thoughts	Parenthood	Finances	Temper
Concentration	Nightmares	Health Problems	Age
Nervousness	Relaxation	Making Decisions	Stress
Self-esteem	Sexual Orientation	Physical Abuse	Anxiety
Separation	Energy	Inferiority	Appetite
Sexual Abuse	Children	Career Choices	Weight
Shyness	Legal Matters	Self-Control	Memory
Sleep	Under-Eating	Alcohol Use	Over-Eating
Unhappiness	Depression	Headaches	Fears
Panic Attacks	Lack of Purpose	Libido Issues	Paranoia

Circle everything that has happened to you in the past five years:

Death of a spouse/partner	Marriage Problems	Changes in marital status
Death of another family member	Family Problems	Loss or change in job
Major illness/injury – yourself	Financial Problems	Move to another city/state
Major illness/injury – loved one	Legal Issues	Other: _____

Please explain any additional information that you may feel helpful: _____
