

PSYCHOSOCIAL HISTORY

Name: _____ DOB: _____

Family History

Is your father living? Yes / No _____ Father's age: _____

Where does your father live? _____

Father's occupation: _____

Describe your relationship with your father.

Is your mother living? Yes / No _____ Mother's age: _____

Where does your mother live? _____

Mother's occupation: _____

Describe your relationship with your mother.

What was it like growing up?

Describe your parents' relationship with each other when you were a child.

What is it like now?

Do/did you have stepparents? Yes / No

Describe your relationship with stepparent(s).

List the names and ages of your siblings and note if they are deceased.

Are you the oldest, middle, or youngest child? _____

Are/were there major cultural or religious influences in your family? Describe.

Describe your family growing up.

Describe your childhood.

Describe your current religious or spiritual beliefs/practices.

Marital status: _____ How long? _____

Number of marriages/long-term partners: _____

Do you have children? Yes / No If yes, write down their names and ages.

Do your children live with you? Yes / No

If you use drugs or alcohol, how has your use affected your family relationships?

Do any of your family members use alcohol or other substances? Yes / No

Who?

Sexual History

How did you learn about sex?

How old were you when you began dating? _____

Describe your first sexual experience.

Were you ever sexually abused? Yes / No

Describe any current sexual concerns.

Education/Military History

What was school like for you as a child? As a teenager?

Highest grade/degree completed: _____

Current employment status:

- | | |
|---|--|
| <input type="checkbox"/> employed full-time | <input type="checkbox"/> student |
| <input type="checkbox"/> employed part-time | <input type="checkbox"/> disabled/unable to work |
| <input type="checkbox"/> unemployed | <input type="checkbox"/> other: _____ |

Military history (*branch, length of service, rank, discharge type, any disciplinary proceedings*).

Legal History

Arrest history (dates/reasons).

Describe any current legal issues, including probation.

Social History

Where/with whom do you currently live?

What do you do for fun?

Who do you turn to for support?

What percentage of your friends use substances? _____

What do they use? _____

Emotional History

Have you ever been in counseling? Yes / No

Names of past therapists, counselors, mentors, sponsors, or coaches.

What was helpful?

What was not helpful?

Within the past 12 months...	never	rarely	sometimes	often	regularly
I have difficulty sleeping.					
I have difficulty eating well or with an appetite.					
I have difficulty concentrating.					
I feel down or depressed.					
I have thought about suicide or harming myself.					
I have felt restless or edgy.					
I have felt irritable.					
I worry or feel anxious.					
I hear voices or see things that others do not.					
I think of harming other people.					

Is there anything you would like to add?

Has substance use affected your life? If yes, explain.

Have you ever experienced abuse or trauma? If yes, describe.

Substance Use History

Have you ever...

tried to cut down on your drinking/drug use? Yes / No

been annoyed by others commenting about your drinking/drug use? Yes / No

felt guilty about your drinking/drug use? Yes / No

drank/used to eliminate a hangover? Yes / No

	Age 1st used	Date last used	Amount	Frequency	Circumstances of use	Currently using?
Alcohol						
Marijuana						
Cocaine						
Stimulants						
Tranquilizers						
Heroin						
Pain medication						
Hallucinogens						
Steroids						
Nicotine						
Caffeine						
Other						

Anything else you would like to share?

Treatment History for Substance Use

Dates of treatment	Name of treatment facility/providers	Outcome

Describe patterns of substance use over your lifetime and note any changes in patterns.

Is there anything more you want to share?

Signature: _____

Print name: _____

Date: _____