

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

## PSYCHOSOCIAL HISTORY

### Childhood History

Place of birth: \_\_\_\_\_ Place where you grew up: \_\_\_\_\_

Number of moves before age 18: \_\_\_\_\_  None      Number of siblings: \_\_\_\_\_  None

Describe childhood home setting: \_\_\_\_\_

### Describe childhood relationships:

Mother       Good       Fair/Other: Describe \_\_\_\_\_

Father       Good       Fair/Other: Describe \_\_\_\_\_

Siblings       Good       Fair/Other: Describe \_\_\_\_\_

Grandparents       Good       Fair/Other: Describe \_\_\_\_\_

Peers/friends       Good       Fair/Other: Describe \_\_\_\_\_

Other significant childhood relationship: \_\_\_\_\_

Childhood activities/hobbies (e.g. sports, music/dance/art): \_\_\_\_\_

### Significant events in childhood:

Separations/divorces before age 18 (please describe): \_\_\_\_\_

Deaths/losses before age 18 (please describe): \_\_\_\_\_

Abuse/neglect in childhood?  None     Yes     Not sure

Age moved out of parent(s)' home (for what reason?): \_\_\_\_\_

### Education:

History of speech/language therapy?     No     Yes, grades: \_\_\_\_\_

History of special education?     No     Yes, grades: \_\_\_\_\_

Highest grade completed in high school: \_\_\_\_\_     Diploma     GED     No degree

College: \_\_\_\_\_ years / semesters (**please circle**)     Diploma     Certificate     No degree

Vocational/technical/trade school: \_\_\_\_\_ months / years     Diploma     Certificate     No degree

Current degrees: \_\_\_\_\_

Currently enrolled in: \_\_\_\_\_

### Work History

Current occupation: \_\_\_\_\_ Number of years: \_\_\_\_\_

Previous work (Type of work/jobs) \_\_\_\_\_

Longest period of employment \_\_\_\_\_ years

Current career/work concerns?  No     Yes (Describe, e.g. high stress; office politics, etc.)

### Hobbies/Interests

Other hobbies/activities: \_\_\_\_\_

Current goals/plans: \_\_\_\_\_

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**Spiritual/Religious**

Current faith: \_\_\_\_\_

Raised as: \_\_\_\_\_

Attend church regularly?  Yes  No

Spiritual practice (e.g. prayer, study)  Yes  No Describe: \_\_\_\_\_

Other activities (e.g. meditation/yoga)  Yes  No Describe: \_\_\_\_\_

**Current Psychosocial Information**

Activities of Daily Living:

Hours of sleep per night: \_\_\_\_\_ Meals per day: \_\_\_\_\_

Exercise:  Yes  No Days per week: \_\_\_\_\_ Hours per day: \_\_\_\_\_

Type(s) of exercise: \_\_\_\_\_

Concerns about weight?  No  Yes (describe): \_\_\_\_\_

Problems with daily activities?  No  Yes (describe): \_\_\_\_\_

**Current Relationships**

Current relationships with family of origin:

Mother  Good  Fair/Other: Describe \_\_\_\_\_

Father  Good  Fair/Other: Describe \_\_\_\_\_

Siblings  Good  Fair/Other: Describe \_\_\_\_\_

Extended family  Good  Fair/Other: Describe \_\_\_\_\_

Closest current adult relationship (who can you talk to?): \_\_\_\_\_

Other supportive individuals (direct contact *and* phone/email): \_\_\_\_\_

I do not confide in anyone

Length of current primary relationship: \_\_\_\_\_ years / months  Not currently in a relationship

Current relationship concerns?  No  Yes (Describe): \_\_\_\_\_

Number of previous long-term relationships (including dating relationships): \_\_\_\_\_ years / months

When? How long did they last? Nature of separations (List up to 3 most important relationships):

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Children?  None  Yes (please describe)

Daughter / Son	Age	Biological / Step	Describe relationship (Good? Problems?)