## PSYCHOSOCIAL HISTORY

Troy E. Johnson, PsyD, HSPP 11978 Fishers Crossing Drive Fishers, IN 46038

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		FAMIL	Y INFORMA	TION	
Nan	d				
Ivaii	ne	Age	Relationship	to patient	Quality of Relationship (Excellent, Good, Fair, Poo
	_				
econdary Househ	ıold				Quality of Relationship
Name		Age	Relationship to patient		(Excellent, Good, Fair, Po
					ble) and <b>custody / visitation</b>
					ble) and <b>custody / visitation</b>
	olicable):				
	plicable):Pa	rent Educat			
	Pa Highest educ	rent Educat	ional / Occupati		
formation (if app	plicable):Pa	rent Educat	ional / Occupati	onal History	,
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Parent	Pa Highest educ	rent Educat cational upleted	ional / Occupati Occu PMENTAL HI Concerns	onal History pation	,
Parent  Develo	Pa Highest edu degree com	rent Educat cational upleted	ional / Occupati Occu PMENTAL HI	onal History pation	Employer
Parent  Develogoregnancy / Birth	Pa Highest edu degree com	rent Educat cational apleted	ional / Occupati Occu PMENTAL HI Concerns	onal History pation	Employer
Pregnancy / Birth Infancy – 2 (crawl	Pa Highest educates com  pmental Stage  ling, walking, ta	rent Educat cational apleted  DEVELO	ional / Occupati Occu PMENTAL HI Concerns	onal History pation	Employer
Parent	Pa Highest educates com  Pa Highest educates com  degree com  pmental Stage  ling, walking, tage t training, social	rent Educat cational upleted  DEVELO	ional / Occupati Occu PMENTAL HI Concerns	onal History pation	Employer

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PATIENT:				DATE	OF BIRTH:
		MED	ICAL HIS	STORY	
Current Primary Care	Physicia	an:			
Histor	v of:		(Yes/No	)	Describe
Allergies	, 020		(200/210	,	2 0502200
Chronic Conditions (i.e.	asthma	, diabetes)			
Medical Hospitalization	s	,			
Seizures, head trauma, l	oss of c	onsciousness			
Current Medicatio	n	Dose		rescribing Physician	Prescribed for management of
Additional medical infor	mation:	·			
		MENTAL	HEALTI	H HISTORY	
			t Treatmen	•	1
Name of Provider	•	Date(s) s	een	Frequency	Issue Addressed
					_
		Family N	Mental Hea	lth History	
First name of relative	Re	elationship			y, depression, substance use, etc.)
		•		` ~	, ,
Additional mental health	history	information:	:		
		LEC	GAL HIST	TORY	
Charges or	Arrests	S	Date		Outcome
			_	-	
Additional legal inform	ation (i	ncluding curre	ent probation	on officer and pe	ertinent family history):

## PSYCHOSOCIAL HISTORY

Troy E. Johnson, PsyD, HSPP
11978 Fishers Crossing Drive Fishers, IN 46038
DATE OF BIRTH:

Current Grade   Current Teacher	EDUCATIONAL HISTORY						
History of: (Yes/No) Describe  Repeated Grades Learning Disabilities Psychoeducational Testing Disciplinary Actions Teacher/Administrator Conflict Peer Conflict Extracurricular Activities  Additional education information:  SOCIAL / LEISURE / WORK HISTORY  How does your family spend time together: How does your child spend time with friends: How does your child spend time alone: Describe your child's work history:  SPIRITUAL HISTORY Does the patient have a supportive religious or spiritual community? If yes, name of organization / community: How important is this community to your child (not, somewhat, or very important)? How important is this community to your family (not, somewhat, or very important)?  ADDITIONAL COMMENTS (please include other information that is important to know)	Current School						
Repeated Grades Learning Disabilities Psychoeducational Testing Disciplinary Actions Teacher/Administrator Conflict Peer Conflict Extracurricular Activities  Additional education information:  SOCIAL / LEISURE / WORK HISTORY  How does your family spend time together: How does your child spend time with friends: How does your child spend time alone: Describe your child's work history:  SPIRITUAL HISTORY Does the patient have a supportive religious or spiritual community? If yes, name of organization / community: How important is this community to your child (not, somewhat, or very important)? How important is this community to your family (not, somewhat, or very important)? ADDITIONAL COMMENTS (please include other information that is important to know)  Completed By:  Completed By:	Current School		Current Grade	Current reaction			
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Learning Disabilities  Psychoeducational Testing Disciplinary Actions Teacher/Administrator Conflict Peer Conflict Extracurricular Activities  Additional education information:  SOCIAL / LEISURE / WORK HISTORY  How does your family spend time together: How does your child spend time with friends:  How does your child spend time alone: Describe your child's work history:  SPIRITUAL HISTORY Does the patient have a supportive religious or spiritual community? If yes, name of organization / community to your child (not, somewhat, or very important)? How important is this community to your family (not, somewhat, or very important)?  ADDITIONAL COMMENTS  (please include other information that is important to know)  Completed By:  Completed By:		(103/110)		Describe			
Psychoeducational Testing Disciplinary Actions Teacher/Administrator Conflict Peer Conflict Extracurricular Activities  Additional education information:  SOCIAL / LEISURE / WORK HISTORY  How does your family spend time together: How does your child spend time with friends: How does your child spend time alone: Describe your child's work history:  SPIRITUAL HISTORY Does the patient have a supportive religious or spiritual community? If yes, name of organization / community to your family (not, somewhat, or very important)? How important is this community to your family (not, somewhat, or very important)?  ADDITIONAL COMMENTS  (please include other information that is important to know)  Completed By:  Completed By:	•						
Teacher/Administrator Conflict Peer Conflict Extracurricular Activities  Additional education information:  SOCIAL / LEISURE / WORK HISTORY  How does your family spend time together: How does your child spend time with friends: How does your child spend time alone: Describe your child's work history:  SPIRITUAL HISTORY Does the patient have a supportive religious or spiritual community? If yes, name of organization / community to your child (not, somewhat, or very important)? How important is this community to your family (not, somewhat, or very important)?  ADDITIONAL COMMENTS (please include other information that is important to know)  Completed By:  Completed By:	Psychoeducational Testing						
Peer Conflict Extracurricular Activities  Additional education information:  SOCIAL / LEISURE / WORK HISTORY  How does your family spend time together: How does your child spend time with friends: How does your child spend time alone:  Describe your child's work history:  SPIRITUAL HISTORY  Does the patient have a supportive religious or spiritual community?  If yes, name of organization / community: How important is this community to your child (not, somewhat, or very important)? How important is this community to your family (not, somewhat, or very important)?  ADDITIONAL COMMENTS  (please include other information that is important to know)  Completed By:	Disciplinary Actions						
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SOCIAL / LEISURE / WORK HISTORY  How does your family spend time together:	Extracurricular Activities						
How does your child spend time with friends:  How does your child spend time alone:  Describe your child's work history:  SPIRITUAL HISTORY  Does the patient have a supportive religious or spiritual community?  If yes, name of organization / community:  How important is this community to your child (not, somewhat, or very important)?  How important is this community to your family (not, somewhat, or very important)?  ADDITIONAL COMMENTS  (please include other information that is important to know)  Completed By:	Additional education information:						
How does your child spend time with friends:    How does your child spend time alone:							
How does your child spend time with friends:	now does your failing spend time t	ogemer:					
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(please include other information that is important to know)  Completed By:	If yes, name of organization / common How important is this community t	religious or sp nunity: o your child (1	piritual community?not, somewhat, or ver	ry important)?			
	(please incl	_		rtant to know)			
	Completed By:						
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