

# PSYCHOSOCIAL HISTORY

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

**PATIENT:** \_\_\_\_\_ **DATE OF BIRTH:** \_\_\_\_\_

## FAMILY INFORMATION

### Primary Household

Name	Age	Relationship to patient	Quality of Relationship (Excellent, Good, Fair, Poor)

### Secondary Household

Name	Age	Relationship to patient	Quality of Relationship (Excellent, Good, Fair, Poor)

**Marital status of parents** (including date of separation/divorce if applicable) and **custody / visitation information** (if applicable): \_\_\_\_\_

\_\_\_\_\_

Parent Educational / Occupational History			
Parent	Highest educational degree completed	Occupation	Employer

## DEVELOPMENTAL HISTORY

Developmental Stage	Concerns (Yes/No)	Describe
Pregnancy / Birth		
Infancy – 2 (crawling, walking, talking)		
Toddler 2-5 (toilet training, socialization)		
Grade school (school adjustment, social)		
Jr/Sr High School		

**Additional Family or Developmental Information:** \_\_\_\_\_

\_\_\_\_\_

# PSYCHOSOCIAL HISTORY

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

PATIENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

## MEDICAL HISTORY

Current Primary Care Physician: \_\_\_\_\_

History of:	(Yes/No)	Describe
Allergies		
Chronic Conditions (i.e. asthma, diabetes)		
Medical Hospitalizations		
Seizures, head trauma, loss of consciousness		

Current Medication	Dose	Prescribing Physician	Prescribed for management of

Additional medical information: \_\_\_\_\_  
\_\_\_\_\_

## MENTAL HEALTH HISTORY

Patient Treatment History			
Name of Provider	Date(s) seen	Frequency	Issue Addressed

Family Mental Health History		
First name of relative	Relationship	Treated for (i.e. anxiety, depression, substance use, etc.)

Additional mental health history information: \_\_\_\_\_

## LEGAL HISTORY

Charges or Arrests	Date	Outcome

Additional legal information (including current probation officer and pertinent family history): \_\_\_\_\_  
\_\_\_\_\_

# PSYCHOSOCIAL HISTORY

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

PATIENT: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

## EDUCATIONAL HISTORY

Current School	Current Grade	Current Teacher

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)*

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

Completed By: \_\_\_\_\_

Today's Date: \_\_\_\_\_