**Psychosocial Assessment Form**

**Client Information**

Name of Client/Child\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Married\_\_\_\_\_\_\_\_ Single\_\_\_\_\_\_\_\_\_\_ In a relationship\_\_\_\_\_\_\_\_\_\_

Employed (Y/N) Retired (Y/N) School

Emergency Contact (Name and Relationship)-

Primary reason for coming to counseling **today: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_**

**Family History- Name/Relationship and any Mental or Substance abuse issues**

**Counseling History**

Have you had any prior counseling? Yes\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_\_

When:

Where:

For what Reason:

With Whom:

Who is your support system:

Any history of the following: Suicidal Ideations/Homicidal Ideations/Hallucinations/Delusions:

Substance Abuse History (including alcohol use)

List substance(s):

How long did you use for:

How much did you use:

History of substance abuse treatment:

List Current Prescribed or Over the Counter Medications/Dosage and How often you take them:

Abuse History (Check all that apply)

 Sexual (when and by whom)

 Physical (when and by whom)

 Verbal (when and by whom)

 Emotional (when and by whom)

**Are you currently experiencing any of the following symptoms?**

\_\_\_\_\_ anxiety/fear \_\_\_\_\_difficulty concentrating/focusing

\_\_\_\_\_ depression \_\_\_\_\_ mood swings

\_\_\_\_\_ difficulty sleeping \_\_\_\_\_ thoughts of harming yourself

\_\_\_\_\_ major appetite changes \_\_\_\_\_ thoughts of harming someone else

\_\_\_\_\_ lack of interest in things \_\_\_\_ relationship conflict

\_\_\_\_\_ nightmares \_\_\_\_ anger or impulse control difficulties

\_\_\_\_\_ stress \_\_\_\_ difficulty with alcohol or other drugs

\_\_\_\_\_ concerns about food or your body \_\_\_\_ chronic pain or other physical ailments

Do you have thoughts about what you are hoping to accomplish through counseling?

Client Signature/Parent of Minor Child Date

Therapist Signature/Credentials Date

The above information will be used for treatment purposes only and remain confidential, unless a consent to release information is provided by client.