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Adult Psychosocial Assessment

Name:_____ Date:_____

Address:_____ City/State:_____

Zip:_____ Phone Numbers:_____

Age:_____ DOB:_____ Occupation:_____

By whom were you referred?_____

With whom are you now living? (list people)

1. Role of religion and/or spirituality in your life:

   As a child:

   As an adult:

2. Clinical
   A. State in your own words the nature of your main problems and how long they have been present:

   B. Give a brief history and development of your complaints (from onset to present):

   C. On the scale below please check the severity of your problem(s):
      _____ Mildly upsetting
      _____ Moderately severe
      _____ Very severe
      _____ Extremely severe
      _____ Totally incapacitating

   D. Whom have you previously consulted about your present problem(s)? What worked and what did not work?

E. Are you taking any medication? If "yes", what, how much, and with what results?

3. Personal Data

A. Place of birth

B. Health during childhood?

C. Health during adolescence?

D. List and discuss your three main fears:

1.

2.

3.

E. Circle any of the following that apply to you:

Headaches	Fatigue	Tremors
Palpitations	Take sedatives	Take drugs
Bowel disturbances	Feel panicky	Allergies
Anger	Conflict	Shy with people
Nightmares	Suicidal ideas	Can't make decisions
Depressed	Sexual problems	Home conditions bad
Unable to relax	Over-ambitious	Unable to have a good time
Don't like weekends	Inferiority feelings	Concentration difficulties
Can't make friends	Memory problems	
Can't keep a job	Lonely	
Financial problems	Fainting spells	
Excessive sweating	Anxiety	
Dizziness	No appetite	
Stomach problems	Insomnia	
	Alcoholism	

Please list any additional problems or difficulties here:

F. Circle any of the following words which apply to you:

Worthless	hostile	unloved
Useless	full of hate	misunderstood
A "nobody"	anxious	bored
"life is empty"	agitated	restless
inadequate	cowardly	confused
stupid	unassertive	unconfident
incompetent	panicky	in conflict
naïve	aggressive	full of regrets
"can't do anything	ugly	worthwhile
right"	deformed	sympathetic
guilty	unattractive	intelligent
evil	repulsive	attractive
morally wrong	depressed	confident
horrible thoughts	lonely	considerate

Please list any additional words:

G. Present interests, hobbies, and activities_____

_____

H. How is most of your free time occupied?_____

_____

I. What is the last year of school you completed?_____

J. Were you ever bullied or teased?_____

J. Do you make friends easily?_____

4. Occupational Data

A. What sort of work do you do now?

B. List previous jobs.

C. Does your present work satisfy you? Why or why not?

D. What employment goals do you have?

5. Marital History or history of current relationship

   How long did you know your current partner before engagement?_____

   How long have you been married/together ? _____

   Husband's/Wife's/Partner's age _____

   Occupation of spouse/partner _____

   A. Describe in your own words the personality of your spouse/partner.

   B. In what areas is there compatibility?

   C. In what areas in there incompatibility?

   D. Any children? Ages?

   E. Do any of your children present special problems?

   F. Comments about any previous marriages and brief details.

6. Family Data

   A. Father
   Living or deceased?_____

   If deceased, your age at time of his death._____

   Cause of death._____

   If alive, father's present age._____

   Occupation:_____

   Health:_____

   B. Mother
   Living or deceased?_____

   If deceased, your age and time of her death?_____

   Cause of death?_____

   If alive, present age?_____

   Occupation:_____

   Health:_____

   C. Siblings
   Number of brothers and ages:_____

   Number of sisters and ages:_____

   D. Describe briefly your relationships with siblings?

   E. Give a description of your father's personality and attitude toward you. Past and present.

F. Give a description of your mother's personality and attitude toward you. Past and present.

G. In what ways were you punished as a child?

H. Describe the general atmosphere of your home while growing up:

I. Were you able to confide in your parents?

J. Basically, did you feel loved and respected by your parents?

K. Who are the most important people in your life?

L. Does any member of your family suffer from alcoholism or drug abuse? Mental health disorder? Please be specific.

M. Recount any distressful or fearful situation that occurred which hasn't been mentioned yet.

N. List any situations which make you feel calm or relaxed.

O. What do you expect to accomplish from therapy and how long do you expect it to Last?

P. Any other significant experiences or events in your life we haven't mentioned yet?

Alcohol and Drug Use

	Age of First Use	Frequency of Use as Adolescent	Frequency of Use as Adult	Current Frequency of Use	Do You Think There is a Problem?
Alcohol					
Marijuana					
Cocaine					
Pills					
Hallucinogens					
Heroin					

Any other drug(s) that were not mentioned that you used: What was the pattern of use?

Thank you for the time you took to fill out this form, it will help us to start our therapy process at a quicker and more focused pace. Please feel comfortable that all information on this form will be kept confidential.