

Psychosocial History

Name: _____ DOB: _____ Today's date: _____

FAMILY HISTORY

Is your father living? _____ Father's age: _____ Where does your father live? _____

Father's occupation: _____ Father's values growing up: _____

Describe your relationship with your father now: _____

What was it like growing up? _____

Is your mother living? _____ Mother's age: _____ Where does your mother live? _____

Mother's occupation: _____ Mother's values growing up: _____

Describe your relationship with your mother now: _____

What was it like growing up? _____

Describe your parents' relationship with each other (when you were a child): _____

What is it like now? _____

Do/did you have step-parents? _____ Describe your relationship: _____

List the names and ages of your brothers and sisters: _____

Are you the oldest youngest middle child?

Are/were there major cultural or religious influences in your family? Describe: _____

Describe your family growing up: _____

Describe your childhood: _____

Describe your current religious or spiritual beliefs/practices: _____

How has substance use affected your religious or spiritual beliefs/practices? _____

Number of marriages/partners: _____ Marital/partner status: _____ How long? _____

Children (names and ages): _____

Which children are living with you? _____

How has your use of alcohol/drugs affected your family relationships? _____

Are any of your family members alcoholics or chemically dependent? (answer below)

| | Yes | No | | Yes | No |
|--------------|-----|----|----------------|-----|----|
| Mother | | | Aunts/Uncles | | |
| Father | | | Grandparents | | |
| Siblings | | | Children | | |
| Step Parents | | | Spouse/partner | | |

How did the family you grew up in affect who you are today? _____

SEXUAL HISTORY

How did you learn about sex? _____

How old were you when you began dating? _____ What did you do on dates? _____

Describe your first sexual experience: _____ Were you using? _____

How has alcohol/substance use affected your sex life? _____

Were you ever sexually abused? _____

Describe any current sexual concerns: _____

EDUCATION/MILITARY HISTORY

Growing up what was school like for you? _____

Highest grade completed: _____ Current employment status: _____

What has been your major field of employment (trade, profession)? _____

Military history (branch, rank, length of service, discharge type, disciplinary proceedings): _____

LEGAL HISTORY

Arrest history: dates and reasons: _____

Describe any current legal issues, including probation: _____

SOCIAL HISTORY

Where/with whom do you currently live? _____

What do you do in your spare time? _____

Who do you turn to for support? _____

What percentage of your friends drink/use drugs? _____

Have they ever commented on your drinking/drug use? _____

EMOTIONAL HISTORY

Have you ever been in counseling? _____ List the names of past therapists: _____

If so, what was helpful? _____ What was not helpful? _____

| Answer accordingly for the past year: | never | rarely | sometimes | often | regularly |
|--|-------|--------|-----------|-------|-----------|
| I have difficulty sleeping | | | | | |
| I have difficulty eating well or with appetite | | | | | |
| I have difficulty concentrating | | | | | |
| I feel down or depressed | | | | | |
| I have thought about suicide or harming myself | | | | | |
| I have felt restless or edgy | | | | | |
| I have felt irritable | | | | | |
| I worry or feel anxious | | | | | |
| I hear voices or see things that others do not | | | | | |
| I think of harming other people | | | | | |

How has your alcohol/drug use affected your emotional life? _____

Have you experienced abuse or trauma? _____

SUBSTANCE USE HISTORY

Have you ever

- tried to cut down on your drinking/drug use? yes no
- been annoyed by others commenting about your drinking/drug use? yes no
- felt guilty about your drinking/drug use? yes no
- drank/used to eliminate a hangover? yes no

| | Age 1 st used | Date last used | Amount | Frequency | Circumstances of use | Currently using? |
|-----------------|--------------------------|----------------|--------|-----------|----------------------|------------------|
| Alcohol | | | | | | |
| Marijuana | | | | | | |
| Cocaine | | | | | | |
| Stimulants | | | | | | |
| Tranquilizers | | | | | | |
| Heroin | | | | | | |
| Pain medication | | | | | | |
| Hallucinogens | | | | | | |
| Steroids | | | | | | |
| Nicotine | | | | | | |
| Caffeine | | | | | | |
| Other | | | | | | |

