



Psychosocial Information

FAMILY HISTORY

What is your Cultural Background? _____

Where did you born? _____

Who primarily raised you? _____

How would you characterize your childhood? _____

How would you characterize your mother? _____

How would you characterize your father? _____

How would you describe your parents' relationship? _____

How many brothers and sisters did you have? _____

How would you characterize you as a child? _____

What was your order of birth? _____

What problems do you have as a child? _____

What did your parents argue about? _____

What was your father's occupation: _____

What was your mother's occupation: _____

How would you describe your mother's method of discipline? _____

How would you describe your father's method of discipline? _____

What fears did you have as a child (0 to 12)? _____

Did your parents were married when you were born? _____

Are your parents alive? Living together?: _____

EDUCATION

How far did you go to school?: _____

How would you rate your intellectual ability: _____

Were you ever held back in school? _____

In general, what grades did you make in school? _____

Did you ever get in trouble while in school? _____

Did you have any problems learning to read? _____

Did you have any problems learning math? _____

Did you receive special education? Why? _____

Did you disturb the class or having behavior problems? _____

Did your peers ridicule, tease or make fun of you more than other kids? _____

Did you receive counseling at the school? Why? _____

ECONOMY

Do you have student loans? _____

Your student loan make you feel stress and overwhelm? _____

Rate your family's economic status during childhood and adolescence _____

Who provided the major source of income for your family?: _____

Did your parents agree on how money should be spent? _____

Did your family experience any financial problem? _____

Currently how much money does your household earn? _____

Have you had any major changes in income during the last 2 years? _____

What is your family's primary source of income? _____

Is providing enough income for your family a big stress in your life? _____

EMPLOYMENT

Are you presently employed? _____

How long have you been working a this job? _____

How many hours per week do you work? _____

What is your occupation at this time? _____

In general, how do you enjoy your work? _____

Have you ever been fired? _____

What is the longest period of time you held one job? _____

What is your longest employment period? _____

Do you have any problems at work? _____

What kind of work have you performed in the past? _____

MILITARY

Have you ever served in the military? _____

Which branch did you serve in?: _____

How long did you serve? _____

What kind of problems did you experience while in the military? _____

Were you stationed? In a combat zone? _____

What was the highest rank you attained? _____

What were the terms of your discharge? _____

Did you ever see a psychologist or psychiatrist while in the military? _____

Do you have a service connected disability? _____

Do you have a dishonorable discharge? _____

SUBSTANCE ABUSE

Which drug have you used? _____

Have you ever felt there was a time you drank too much alcohol? _____

How often do you drink alcohol including beer? _____

How would you describe your illegal drug usage? _____

Have you ever been involved in an alcoholism or drug treatment program? _____

Do you smoke cigarettes? _____

Do you drink coffee? How many cups per day? _____

What is your first drug of choice? _____

How often you used? _____

How much? _____

When was the last time you used? _____

What method you used? _____

When was the first time you used? _____

PHYSICAL

Have any family members ever experienced mental illness? _____

Have any family members ever committed suicide? _____

Did you have bad illnesses as a child? _____

Have you had any significant accidents in the past 3 years? _____

Have you had any major illnesses or hospitalizations in the past 3 years? _____

Rate your general level of health _____

Are you currently under the care of a physician? _____

What medications are you currently taking? _____

What are the illnesses you have at this time _____

MARITAL STATUS

What is our marital status? _____

Have you ever been divorced? _____

How long have you been with your current partner? _____

How many children do you have? _____

How would you describe your partner? _____

Are you having problems with your children behavior? _____

Is the frequency of sex a problem? _____

What are your living arrangements? _____

How often you argue with your partner? _____

Has your relationship ever been threatened by an affair? _____

What interests do you and your partner share? _____

How well do you feel your partner fulfills his/her role with you? _____

Do you eat a balance diet? _____

Do you participate in a regular exercise program? _____

How would you characterize your size? _____

MENTAL

What emotional problems have you experienced in the past two years? _____

What stressors have you experienced in the past two years? _____

How would you rate your ability to cope with life? _____

How would you describe yourself? _____

How would you describe your mental state? _____

Have you ever had legal problems? _____

What is the primary problem bothering you? _____

How long ago did you begin to be trouble by this problem? _____

Rate the degree to which this problem has affected your life _____

How often do you experience this problems? _____

What other kinds of problems are bothering you? _____

I certify that the above information is accurate to the best of my knowledge

Signature: _____ Date _____