SOCIAL HISTORY

DATE:

Answer ***ALL*** if the following questions.

PERSONAL DATA

NAME: *(Last, First, Middle Initial):*

Social Security #:

Referred by:

AGE:

DATE OF BIRTH:

State of Birth:

SEX:

EDUCATION:

Primary Language

RELIGION:

RACE:

MARITAL STATUS:

PRESENT ADDRESS*: (City & State)*

Ethnicity:

ZIP CODE:

HOME PHONE:

WORK PHONE:

CELL PHONE:

PLACE OF EMPLOYMENT:

PRESENT HEALTH:

DATE OF MARRIAGE:

SPOUSE'S NAME AND DATE OF BIRTH:

AGE:

SOCIAL SECURITY:

PLACE OF EMPLOYMENT:

NUMBER OF CHILDREN: *(Give ages and sex)*

PERSON TO NOTIFY IN CASE OF EMERGENCY:

PRIOR MARRIAGES?
(If yes, give length of marriage & age of children)

☐ YES ☐ NO

LENGTH: _____ AGES OF CHILDREN: _____

PRIOR MARRIAGES OF SPOUSE
(If yes, give length of marriage & age of children)

☐ YES ☐ NO

LENGTH: _____ AGES OF CHILDREN: _____

FATHER'S AGE:

EDUCATION:

OCCUPATION:

PRESENT HEALTH:

STEPFATHER: ☐ YES ☐ NO *(If yes, what was your age at the time he became your stepfather)*

PRESENT HEALTH:

MOTHER'S AGE:

EDUCATION:
Name

Mother's Maiden

OCCUPATION:

PRESENT HEALTH:

STEPMOTHER: ☐ YES ☐ NO *(If yes, what was your age at the time he became your stepmother)*

PRESENT HEALTH:

LIST OF BROTHERS & SISTERS: *(Give ages & indicate step or half siblings, when applicable)*

MENTAL HEALTH TREATMENT HISTORY

PREVIOUS MENTAL HEALTH HISTORY:

☐ PATIENT ☐ FAMILY ☐ NONE

HOW LONG HAS CURRENT PROBLEM EXISTED?

HOW DO YOU CONSIDER YOUR PROBLEM?

☐ SEVERE ☐ MODERATE ☐ MINIMAL

HAVE YOU RECEIVED MENTAL HEALTH ASSISTANCE IN THE PAST?

☐ YES ☐ NO

If yes, with whom?

FAMILY PHYSICIAN & CLINIC:

ARE YOU PRESENTLY BEING TREATED BY ANOTHER DOCTOR OR THERAPIST? ☐ YES ☐ NO

IF YES, FOR WHAT CONDITION?

HAVE YOU EVER BEEN HOSPITALIZED FOR MENTAL HEALTH TREATMENT? ☐ YES ☐ NO

IF YES, WHERE & WHEN?

WHO WAS YOUR DOCTOR?

WHAT MEDICATIONS ARE YOU CURRENTLY TAKING? *(Names & Dosages)*

WORK HISTORY & PRESENT EMPLOYER:

LIST LEGAL PROBLEMS, IF ANY:

MENTAL HEALTH TREATMENT HISTORY *(Continued)*

WHAT BRINGS YOU TO SEEK MENTAL HEALTH TREATMENT AT THIS TIME? *(Explain briefly)*

HOW DO YOU THINK THIS TREATMENT MAY HELP YOU? *(Explain briefly)*

SPECIAL NEEDS: *(Wheelchair, sign language interpreter, etc.*

FAMILY HISTORY

PLEASE TELL SOMETHING OF YOUR OWN BACKGROUND AND DEVELOPMENT, GIVING BIRTHPLACE, NATIONALITY, SIZE OF FAMILY, ECONOMIC CONDITION AND RELIGIOUS AFFILIATION. DESCRIBE ANY SIGNIFICANT FACTS ABOUT YOUR OWN PARENTS, INCLUDING OCCUPATION, EDUCATION, AND PERSONALITY TRAITS, HOW DID YOU GET ALONG TOGETHER AS A FAMILY? WERE THERE ANY SPECIAL PROBLEMS, SUCH AS DRINKING, SEPARTIONS, PHYSICAL, MENTAL, OR EMOTIONAL ILLNESSES? WHAT INFLUENCE HAVE YOUR PARENTS, RELATIVES, OR OTHER PERSONS HAD IN YOUR RAISING AND/OR YOUR CHILDRENS RAISING? IF YOUR PARENTS OR GRANDPARENTS ARE DECEASED, PLEASE GIVE DATE AND CAUSE OF DEATH.

CHECK THE FOLLOWING SYMPTOMS AND EXPLAIN NEXT TO SYMPTOMS

Please rate level of severity 1 being (lowest) - 10 being (highest) if any of these pertain to you:

	1. Frequent severe headaches
	2. Recurring dizziness or fainting spells
	3. Unusual tastes, bad odors, strange visual images
	4. Recurring tightness or spasm in neck or back muscles
	5. Prolonged difficulty swallowing or catching breath
	6. Recurring pain or pressure in chest
	7. Palpitations or pounding of your heart
	8. Recurring indigestion or stomach trouble
	9. trouble with bowels or bladder
	10. Frequent numbness or tingling
	11. Trouble remembering things
	12. Trouble with alcohol or drugs
	13. Difficulty sleeping at night or early morning awakening
	14. Frequent or recurring nightmares
	15. Recurring bedwetting or sleepwalking
	16. Frequent or prolonged feelings of:
	• **Severe depression or sadness**
	• **Constant tiredness and lack of energy**
	• **Severe anxiety or nervousness**
	• **Unusual happiness or excessive energy**
	• **That you are about "to explode"**
	• **Extreme apathy or not caring what happens to you**
	17. Frequent or troublesome thoughts that:
	• **Seem to recur no matter what you do**
	• **You might hurt yourself or someone else**
	• **Something terrible is wrong with you**
	• **People are watching you or are against you**
	• **Race through your head "out of control"**
	• **You are "bad" because of your past childhood**
	• **Suicide is an option**