Social History

Basic Information

Name:

Address:

DOB:

Phone Number:

Email:

How you heard about me:

Marital Status:

Name of Spouse (if applicable):

Age and sex of each child (if applicable):

Emergency contact and phone number:

Religious and Spiritual

Do you consider yourself spiritual? Yes ___ No ___ Religious? Yes ___ No ___

Do you currently express this spirituality through religious practice? Yes ___ No ___

Would you like spirituality included in your counseling? Yes ___ No ___

Comment:

Background and Presenting Problem

Occupation(s):

If you have been married before, please provide dates for marriage(s) and divorce(s):

Please describe the problem or situation which led you to seek counseling at this time:

How long has this been a problem?

Have you experienced this type of problem before? _____ If so, when?

Have you ever had counseling before? ________ If so, when and why?

Was it helpful? ______ If not, why not?

Have you ever had any medications prescribed for psychiatric or emotional difficulties?
Yes____ No ____

If so, please list:

Have any other biological relatives had problems similar to yours, or had any other psychiatric or emotional difficulties? Yes____ No ____

If so, which relatives and what kind of problems?

Presenting Problems: (check all that apply; if attending couples counseling, please put your initials next to the problems that apply)

___ very unhappy	___ impulsive	___ parenting problems
___ irritable	___ stubborn	___ stealing
___ temper outbursts	___ panic attacks	___ repetitive behaviors
___ withdrawn	___ lying	___ grief
___ daydreaming	___ mean to others	___ employment problems
___ fearful	___ destructive	___ financial stress
___ worry	___ trouble with the law	___ legal problems
___ overactive	___ health problems	___ violence
___ slow	___ self-mutilating	___ eating problems
___ short attention span	___ stressed out	___ sleeping problems
___ distractible	___ relationship problems	___ sexual problems
___ lacks initiative	___ shy	___ drug use
___ undependable	___ strange behavior	___ alcohol use
___ social problems	___ strange thoughts	___ suicidal thoughts
___ crying spells	___ physical abuse	___ homicidal thoughts
___ hair pulling	___ sexual abuse	___ hoarding

Explain:

What are your goals for treatment?

Is there anything else you feel is important for your counselor to know?