

## Social History

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Date: \_\_\_\_\_

### **Social / Family:**

City/State of birth: \_\_\_\_\_

Who raised you? \_\_\_\_\_

Place in sibling birth order: \_\_\_\_\_ of \_\_\_\_\_

Names/Ages of Siblings: \_\_\_\_\_ Describe the relationship: \_\_\_\_\_

How would you characterize your growing up years?

\_\_\_\_\_  
\_\_\_\_\_

Describe your relationship with your parents:

\_\_\_\_\_  
\_\_\_\_\_

Spouses'/Partners' names: \_\_\_\_\_ How Long Together? \_\_\_\_\_ Children's names/ages: \_\_\_\_\_

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

Currently married/partnered/dating?  yes  no

Describe the relationship: \_\_\_\_\_

\_\_\_\_\_

List the members of your household at present:

\_\_\_\_\_  
\_\_\_\_\_

To whom would you consider yourself particularly close?

\_\_\_\_\_  
\_\_\_\_\_

**Education:**

Highest grade completed: \_\_\_\_\_ Earned a:  
 High School Diploma     GED

How were your grades overall? \_\_\_\_\_

Have you ever:

- had learning problems?     yes     no
- taken special education classes?     yes     no
- repeated a grade?     yes     no
- had conduct problems in school?     yes     no

List any vocational training: \_\_\_\_\_

List any college/degrees: \_\_\_\_\_

**Occupational:**

Current employer: \_\_\_\_\_

Position: \_\_\_\_\_

How do you feel about your present position?

What goals or aspirations do you have for your career?

**Legal:**

# times arrested: \_\_\_\_\_ Charges: \_\_\_\_\_

Currently involved with legal system?     yes     no

**Medical:**

Have you had any history of:

- birth complications?     yes     no
- major surgeries?     yes     no
- overnight hospital stays?     yes     no
- strokes or head injuries?     yes     no
- major illnesses/accidents?     yes     no

List current medical conditions: \_\_\_\_\_

Describe appetite: \_\_\_\_\_

Describe sleep: \_\_\_\_\_

List current medications: \_\_\_\_\_

Name of PCP: \_\_\_\_\_

Name of Psychiatrist: \_\_\_\_\_

**Mental Health/Trauma/Substances/Safety:**

Have you any history of:

- psychiatric hospitalizations?  yes  no
- suicidal attempts?  yes  no
- homicidal attempts?  yes  no
- behavioral outbursts?  yes  no
- self-harming behaviors?  yes  no
  
- hallucinations or delusions?  yes  no
- psychiatric diagnoses?  yes  no
- psychotherapy/counseling?  yes  no
- treatment with medications?  yes  no

Family history of mental health problems/substance abuse?

yes  no Describe: \_\_\_\_\_

Have you any history of:

- childhood neglect or poverty?  yes  no
- verbal or emotional abuse?  yes  no
- childhood physical abuse?  yes  no
- childhood sexual abuse?  yes  no
- witnessing domestic violence  yes  no
- bullying at home or school?  yes  no
  
- adult verbal/emotional abuse?  yes  no
- adult domestic violence?  yes  no
- sexual assault/rape?  yes  no
- witnessing traumatic death?  yes  no
- surviving natural disaster?  yes  no
  
- drug or alcohol abuse?  yes  no
- substance abuse treatment?  yes  no

Current recreational drug use (cocaine, meth, LSD, etc):

\_\_\_\_\_  
\_\_\_\_\_

Current alcohol use: \_\_\_\_\_

Current cannabis use: \_\_\_\_\_

Has alcohol/cannabis ever caused problems?  yes  no

History of tobacco use: \_\_\_\_\_

\_\_\_\_\_

**Activities of Daily Living:**

Check any areas in which you are currently having problems:

- bathing/dressing yourself  doing laundry
- moving around home  managing finances
- preparing meals  shopping
- doing household chores  driving
- supervising children  caring for dependents

What do like to do for fun/recreation/hobbies?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_