

Psychosocial Questionnaire

Date: _____

Legal Name: _____
 First Middle Initial Last

Address: _____
 Street City State Zip

Home Phone: _____ Cell Phone: _____

List other family members at home by name, age, and relationship:

In case of emergency, please notify: _____

Address: _____ Phone: _____

List any psychotropic medications you are currently taking:

List the psychiatrist or prescribing physician: _____

Reasons for seeking counseling or your goals for therapy: : _____

List a few of your personal strengths or strong points: _____

List your preferences: _____ Male therapist _____ Female therapist _____ Morning sessions
_____ Afternoon sessions _____ Short term therapy _____ Long term therapy

Please check symptoms you've experienced during recent months:

- | | |
|--|---|
| <input type="checkbox"/> Depression | <input type="checkbox"/> Worry |
| <input type="checkbox"/> Panic attacks | <input type="checkbox"/> Social anxiety |
| <input type="checkbox"/> Hopelessness | <input type="checkbox"/> Isolation |
| <input type="checkbox"/> Irritability | <input type="checkbox"/> Anger |
| <input type="checkbox"/> Grief | <input type="checkbox"/> Mood swings |
| <input type="checkbox"/> Fear of abandonment | <input type="checkbox"/> Compulsive or addictive behavior |
| <input type="checkbox"/> Marital problems | <input type="checkbox"/> Family problems |
| <input type="checkbox"/> Avoidance | <input type="checkbox"/> Non-assertiveness |
| <input type="checkbox"/> Work problems | <input type="checkbox"/> Suicidal thoughts |
| <input type="checkbox"/> Self-harm | <input type="checkbox"/> Sexual problems |

1. What are the main concerns or issues that bring you to therapy at this time?

2. When did the main issue or problem begin?

3. What is the highest level of education that you have completed?

- | | | | |
|---|--|---------------------------------------|---|
| <input type="checkbox"/> High school | <input type="checkbox"/> GED | <input type="checkbox"/> Some college | <input type="checkbox"/> Technical / trade school |
| <input type="checkbox"/> College degree | <input type="checkbox"/> Graduate degree | | |

4. Where do you work and how long have you worked there?

5. Do you have any legal problems? Yes No If so, please explain:

6. Please explain briefly if there is any mental illness in your family.

7. Marital Status: Single Married Divorced Other

8. Emergency contact: Name _____ Relationship: _____
Home phone: _____ Cell phone: _____
Address: _____

9. Please list the names and ages of any children you have?

10. Who do you have for emotional or psychological support?

11. Suicidal ideation? ___ Yes ___ No Past attempts? ___ Yes ___ No

Has anyone in your family committed suicide? ___ Yes ___ No

Do you self-harm? ___ Yes ___ No How? _____

Homicidal ideation? ___ Yes ___ No History of violence? ___ Yes ___ No

12. Chemical History: Have you ever used?

Tobacco ___ Never ___ Yes, earlier in my life. ___ Yes, in the last 12 months.

Alcohol ___ Never ___ Yes, earlier in my life. ___ Yes, in the last 12 months.

Illegal drugs ___ Never ___ Yes, earlier in my life. ___ Yes, in the last 12 months.

13. How is your physical health? ___ Good ___ Fair ___ Poor

Check health concerns you currently have:

___ Diabetes

___ Asthma

___ Cardiac problems

___ Fibromyalgia

___ Digestive problems

___ High blood pressure

___ Seizures

___ Headaches

___ Thyroid problems

___ Weight gain

___ Head injury

___ Weight loss

___ Other Specify: _____

14. List any allergies or medications for which you have had an allergic reaction:

15. Please list any medications you are taking for psychological concerns:

Name of treating physician: _____

16. Permission to contact: Circle Yes or No.

May we call you at home? Yes No May we leave a message at home? Yes No

May we call you at work? Yes No May we leave a message at work? Yes No

17. Have you participated in counseling or therapy previously? Yes No

If you have, was your experience positive or negative? _____

18. Do you need or want your records released to your doctor or someone else?

19. Who referred you to see me or how did you find my name?

S