Psychosocial Assessment

Triage Family History

Where was client born and raised? _____

How does client describe his/her childhood? (Good/Fair/Poor/N/A) _____

Comments: _____

_____

_____

Were client's parents ever divorced or separated? (yes/no) _____ If **yes**, how old was client? _____

Who was client's primary caregiver? _____

Was there ever a time when client's primary caregiver(s) was
someone other than biological parents? (yes/no) _____ If **yes**, who? _____

How does client describe his/her relationship with:

Mother (Good/Fair/Poor/N/A) _____   Father (Good/Fair/Poor/N/A) _____

Comments: _____

_____

_____

How many brothers and sisters does client have? Brother(s) _____ Sisters(s) _____

Where is client in the birth order? _____

How does client describe his/her relationship with siblings growing up? (Good/Fair/Poor/N/A) _____

Comments: _____

_____

_____

How does client describe his/her current sibling's relationship? (Good/Fair/Poor/N/A) _____

Comments: _____

_____

_____

Are client's parents still living? (yes/no) _____

If **no**, describe circumstances and impact (including client's age at the time of the death). _____

_____

If client's parents are still living, how does client
describe his/her current relationship with them? (yes/no) _____ Comments: _____

_____

_____

Is there any known family history of mental illness or substance abuse? (yes/no) _____

If **yes**, describe impact on client: _____

Were there any cultural and/or social issues that impacted client in childhood? (yes/no) _____

If **yes**, describe: _____

Describe financial situation of family during childhood: _____

Relationships

Client's sexual orientation (Heterosexual/Homosexual/Bisexual/NA) _____

Does client have any concerns about his/her sexual practices? (yes/no) _____

Has anyone else expressed concern about client's sexual practices? (yes/no) _____

Has client's sexual behavior ever lead to involvement with the law? (yes/no) _____

Comments/additional information: _____

Has client ever been married? _____ Is **yes**, how many times? _____

Duration of marriages(s) _____ Current marital status: _____

If married, how does client describe his/her relationship with spouse? (Good/Fair/Poor/N/A) _____

Comments: _____

If **not** married, is client currently in a relationship? _____ If **yes**, how long? _____

How does the client describe his/her current relationship? (Good/Fair/Poor/N/A) _____

Comments: _____

Describe any other significant relationships: _____

In previous relationships, name precipitating factors leading to dissolution of these relationships:

Does client have any children? _____ If **yes**, list age and sex: _____

How does client describe his/her relationship with the children? (Good/Fair/Poor/N/A) _____

Comments: _____

_____

_____

Describe child custody or divorce issues, if any: _____

_____

Abuse History
Does client have a history of being abused:

As an adult? (yes/no)   As a child? (yes/no)

☐ Verbal   ☐ Physical   ☐ Emotional   ☐ Sexual   ☐ Neglect   ☐ Exploitation

Explain:

Is client currently being abused?

☐ Verbal   ☐ Physical   ☐ Emotional   ☐ Sexual   ☐ Neglect   ☐ Exploitation

Explain:

Spiritual & Cultural Issues
Was client raised in any particular religious faith? _____ If **yes,** which one? _____

Is client a member of a religious faith? _____ If **yes,** which one? _____

Does client believe in a higher power? _____

Are client's spiritual beliefs a support to him/her? (yes/no) _____
Are there any specific cultural, ethnic, or religious beliefs/practices client would like to have considered in treatment? (yes/no) _____

If **yes**, explain: _____

_____

Educational Status & History
Current/Highest grade completed: _____ Current/Last school attended: _____

In general, what grades did client (does client) make in school? _____

Special school placements/achievements: _____

Describe client's relationship with teachers and peers: _____

Does client have plans for future education? (yes/no) _____

If **yes**, describe: _____

Does client have difficulty with reading or writing? _____ If **yes,** explain: _____

Client's primary language is: _____

Financial at Entry

List all income sources and amounts: _____

Employment Status & History

Employment Status: (Full-time, Part time, volunteer unemployed) _____

Current Occupation _____ Length of current employment _____

Hours: _____ Number of days worked for pay in past month: _____

Is client or client's family experiencing any financial problems? (yes/no) _____

If **yes,** describe: _____

Does client have any difficulties at his/her job? (yes/no) _____ If yes, describe: _____

Is client satisfied with his/her job? _____ Comments: _____

What is client's employment history? _____

Is the client a Veteran? (What type of veteran) _____

If yes, describe duties/type of service: _____

If dishonorable, why? _____

Living Arrangements

Does the client live alone? _____ If no, who does the client live with? _____

What does the client like about his/her living arrangements? _____

What does the client dislike about his/her living arrangement? _____

How long has the client been living there? _____

Housing Type:

☐ Rent   ☐ Own   ☐ Temporary   ☐ Permanent   Other:

<u>Activities Information</u>

Activities client likes to do in his/her free time: _____

Hobbies or skills: _____

Personal strengths or positive qualities: _____

Personal weaknesses or negative qualities are: _____

Client spends free time with:

☐ Family: ☐ Friends: ☐ Co-Workers: ☐ Alone: Other:

In leisure activities client reports:

☐ Decrease: ☐ Increase: ☐ No Change:

<u>Legal Status & History</u>

Does client have any current legal problems? _____   If yes, describe: _____

Has client had any previous legal problems? _____   If yes, describe: _____

Contacts: _____

Was client ever court ordered to participate in treatment? _____   If yes, describe: _____

Was client ever involved in a violent crime? _____   Comments/Concerns: _____