

PSYCHOSOCIAL HISTORY

Date: _____

Patient Name: _____ ID: _____ SSN: _____

Address: _____

Date of Birth: _____ Age: _____ Phone: _____ Sex: __M __F

Developmental History - Your History

1. History

A. Duration of Pregnancy _____

a. Smoking during pregnancy __Yes __No

Daily _____

c. Alcohol during pregnancy __Yes __No

Type/Amount _____

d. Drugs during pregnancy __Yes __No

e. Medications during pregnancy __Yes __No

f. Complications _____

B. Delivery

a. Labor __Spontaneous __Induced

b. Duration (hours) _____

c. Delivery __Normal __Cesarean __Breech

d. Premature __Yes __No # of weeks _____

e. Birth Weight _____

f. Infant Days in Hospital _____

g. APGAR _____

h. Complications _____

2. Milestones

A. Motor Skills _____

B. Language _____

C. Social Attachment _____

D. Problems during infancy/early childhood _____

3. Medical

A. Childhood illnesses/disorders (include dates and ages) _____

B. Operations _____

C. Hospitalizations _____

D. Head Injuries __ without loss of consciousness
 __ with loss of consciousness
Duration _____
Details _____

E. Convulsions __ without fever __ with fever
Details _____

F. Allergies _____

G. Current Medications _____

4. Abuse

A. Physical Abuse Rule Out If yes, by whom _____

B. Sexual Abuse Rule Out Length/Duration _____

C. Emotional/Verbal Abuse Ages(s) _____

D. Abandonment/Neglect Reported to Authorities?

Details _____

E. Witness of Abuse? Physical Sexual

Details _____

F. Perpetrator of Abuse? Yes No

Details _____

Family – Social

1. Family Constellation

A. Mother _____ Age _____

Educational Level _____

Occupation _____

B. Father _____ Age _____

Educational Level _____

Occupation _____

C. Parents are married separated divorced

Year _____

D. Siblings _____

E. Half/StepSiblings _____

F. Describe family relationships (past and current) _____

2. Family History of **Include your own history**

A. Substance Abuse _____

3. Mental Illness _____

4. Suicide _____

5. Violence _____

6. Other _____

3. Social History

A. Peer relations _____

B. Gang Involvement _____

C. Relations with Authority _____

D. Social support networks _____

E. Hobbies/Interests _____

Educational/Occupation

1. Education

A. Educational Level _____

B. Age started 1st grade _____

C. Attended infant day care pre-school kindergarten

D. Official School Classifications (details below)

LD or ADHD ED MR Visually impaired

Hearing impaired Other

Details _____

E. Type of Placement (details below)

regular classes special education honors (T&G)

home study

Details _____

F. Adjustments _____

G. Behavioral problems _____

H. Repeated grades _____

I. Suspensions/Expulsions _____

J. Performance/Achievements _____

K. Attitude toward school _____

L. Strengths/Weaknesses _____

M. Other _____

. Occupation

A. __ Employed FT __ Employed PT __ Unemployed
 __ Retired __ Student Means of support _____

B. Special training _____

C. Current Employer _____
 Phone Number _____
 Address _____

D. Position _____
 Dates _____

E. Job Satisfaction _____

F. Job Performance _____

G. Future Aspirations _____

H. Previous Employment _____

Relationships

1. Marital-Relationships

A. Status _____

 Date married _____

B. Nature of relationship _____

C. Satisfaction _____

D. Previous marriages/significant relationships _____

E. Children (include ages)_____

F. Custody Issues_____

2. Sexual

This section can be skipped

A. Orientation

heterosexual homosexual bi-sexual unsure

B. Sexual history_____

C. Sexual Problems_____

Military-Legal

1. Military

A. Branch of Service_____

B. Rank_____

C. Duty Status_____

D. Length of Service_____

E. Discharge Type honorable dishonorable medical
 other than honorable

F. Details_____

2. Legal History

A. Pending charges_____

B. Arrests_____

C. Convictions_____

D. Jail Prison_____

Parole Officer_____ Phone _____

E. Probation_____

Probation Officer_____ Phone _____

F. Juvenile Detention_____

G. DJS Involvement_____

DJS Worker_____ Phone _____

Signature

Date