

ADULT PSYCHOSOCIAL ASSESSMENT

Patient _____

Date: _____

FAMILY AND DEVELOPMENTAL HISTORY:

Ethnic background: (French, German, Spanish, etc.) _____

Bilingual? _____ Identify other languages spoken: _____

Place of birth(City, State)? _____ Where were you raised? _____

of Family Moves: _____ Your ages at time of moves: _____

Did you have difficulty adjusting to family moves? _____ If yes, please describe: _____

Were you legally adopted? _____ Age: _____

Did parents separate/Divorce: _____ Age: _____

How did you adjust to separation/divorce? _____

Custodial Parent: _____

Did either parent remarry? _____ Which? _____ Pt age(s) _____

Describe how you felt/adjusted to parent(s) remarriage: _____

FAMILY CONSTELLATION:

List all immediate family members (*In Your Family Growing Up*), including parents (biological & step/ adoptive) and siblings (full, half & step) and check if each is living in home. Use back if additional space is needed.

NAME	AGE	RELATION	IN HOME	MARITAL STATUS	OCCUPATION

Have you or other family members been victims or perpetrators of physical, verbal, emotional or sexual abuse? _____ If yes, please identify type of abuse, victim, abuser, when, the situation and who knows: _____

Describe any significant losses you have experienced & how you grieved these losses since childhood:

Regarding Developmental History:

Did you have any difficulty reaching any developmental milestones? _____

If yes, please describe: _____

Do you recall your family describing anything unusual or important about you before the age of 6? _____ If yes, explain _____

How would you describe yourself as a young child? _____

RELIGION:

Describe the role of spirituality or religion in your family growing up, including the degree of you and your family's involvement with an organized religion and how you saw your relationship with God:

EDUCATIONAL BACKGROUND:

Highest grade level: _____ G.E.D. (Yes No) When completed _____

Average grades: _____ Did you fail any grades? _____ Which grades and how often? _____

Type of Academic Classes: Regular Gifted Special education

How did you feel about your academic setting: _____

Behavior problems with teachers or peers? _____ If yes, describe: _____

Did any behaviors result in disciplinary action detention, suspension or being expelled? _____ List behaviors and specific consequences: _____

List involvement in Extracurricular School activities: _____

Drug or Alcohol use: _____ Before _____ After _____ During school

Effect of alcohol/drugs on school behavior/grades _____

Did you have difficulty adjusting to starting school (Kindergarten or 1st)?

_____ If yes, please describe problem & how it was resolved: _____

RELATIONSHIP HISTORY:

Age when you began dating: _____ Age Became Sexually Active: _____

Describe your parents' attitudes and beliefs about sexuality and sexual intimacy and how they taught you about these issues:

Number of sexual partners prior to current relationship: _____

If separated or divorced, indicate dates of prior marriages, separations and divorces in chronological order:

<u>Partner</u>	<u>Date of Marriage</u>	<u>Date of Separation</u>	<u>Date of Divorce</u>

Did you experience any of the following problems at previous jobs? Check all that apply:

<input type="checkbox"/> Working under the influence of alcohol or drugs	<input type="checkbox"/> Missing work
<input type="checkbox"/> Working with a hangover	<input type="checkbox"/> Getting to work late
<input type="checkbox"/> Poor concentration	<input type="checkbox"/> Conflicts with coworkers
<input type="checkbox"/> Poor memory	<input type="checkbox"/> Conflicts with supervisors
<input type="checkbox"/> Decline in quality of work	<input type="checkbox"/> Slower to follow instructions
<input type="checkbox"/> Other problems, explain _____	<input type="checkbox"/> Poor productivity

Circle any of the following consequences related to the above problems:

Supervisor warnings Probation Suspensions

Were the above problems due to drinking? _____ Or drug use? _____

Did you drink or use drugs: _____ Before _____ After _____ During work?

LEGAL HISTORY AND ASSESSMENT:

Have you previously been picked up by police, charged with any offenses or convicted of any offenses (Does not apply to parking tickets)? _____ If yes, please describe dates, charges, convictions & legal consequences:

MILITARY HISTORY

Branch of Military _____ # of Years in Military _____

Type of Work done in Military _____

Did you see combat duty? _____ If yes, describe military engagement involved in and location of duty station _____

Did you have any difficulties adjusting to or coping with military structure or authority? _____ If yes, describe them and consequences:

Did you experience any difficulties post-discharge related to military service? _____ If yes, describe: _____

Year discharged _____

Type of Discharge _____

Signature of person completing form

Date