

Psychosocial History Form

Name:

Date:

Birthdate:

Sex:

Age:

Race:

Education:

Occupation:

Marital Status:

History of Present Illness: (onset, duration, frequency, intensity of symptoms)

Current Symptoms:

Physical:

Cognitive:

Attention/Concentration, ST & LT Memory, New Learning, Confusion/Disorientation, Decreased Initiation/Motivation, ↓ SOIP

Emotional:

Depression/SI, Manic Sxs, Anxiety/Panic, ATOV hallucinations, PI

Neurovegetative Symptoms:

Sleep: (onset, disruption, snoring, EMA, daytime somnolence)

Appetite: (weight change, eating disorder)

Energy:

Libido:

Current Medications

(Dosage, frequency, duration, reason, recent changes?)

Social History

Family of Origin: (B/R, intact?, siblings, current contact/support)

Relationship History: (marriages, current partner, quality of relationship, children)

Education:

Last grade completed: _____ LD/Special Ed: _____ Repeat Grades: _____ GED: _____
(Type of student, reason for dropping out, GPAs, year graduated)

Occupational History

(Dates of employment, how long unemployed, longest job, last job)

Legal History:

(Current legal problems, past legal involvement)

Leisure Activities (changed since onset of symptoms?)

Medical History

History of Serious Illness/Injury:

Accidents/Trauma:

(MVA, dazed/LOC, partial drowning, electrical insult)

Major Surgery, Other Hospitalizations:

Habits:

Tobacco

Caffeine

Drugs

Alcohol

(Treatment?, Legal problems?, Family history?)

Psychiatric History:

Inpatient Treatment:

Outpatient Treatment:

Suicide attempts:

Family history of mental illness?

History of Abuse?