

NORTHSHORE FAMILY COUNSELING, LLC
ADULT PSYCHO-SOCIAL HISTORY

Client Name: _____ Date: _____

Phone Numbers: (Home) _____ (Cell) _____

(Work) _____ Can we call you at work? Yes / No

Address: _____ City: _____

State: _____ Zip _____ Age: _____ Birth Date: __/__/__ SSN: _____

Marital Status: [] Single [] Engaged [] Married [] Separated [] Divorced

Insurance Company: _____ Phone: _____

Name on Policy: _____ Policy Holder's SSN: _____

Policy Holder's DOB: _____ Policy #: _____ Group #: _____

PRESENTING PROBLEM:

Please briefly state the problem or problems which brought you to counseling:

When did the problem begin? Please give the best dates you can remember.

What do you hope to achieve from coming to counseling? How do you want me to help you?

FAMILY OF ORIGIN:

Parents' Names: _____

Were your natural parents married? Yes No. Are your natural parents still married? Yes No

If divorced, what year? _____

Siblings' names and ages: _____

Where do you fall in the birth order? _____

If you were not raised by your birth parents, who raised you? _____

Has anyone in your immediate family died? _____

If so, who? When? _____

Does anyone in your family have any mental health issues or problems with drugs or alcohol? _____

Other issues of importance? _____

How would you describe the relationship that your parents/guardians have with each other?

- Cold – distant Stormy – argumentative Loving – close
- Tolerant – put up with each other Abusive – verbal and/or physical fights

How would you describe the relationship between you and your mother?

- Cold – distant Stormy – argumentative Loving – close
- Tolerant – put up with each other Abusive – verbal and/or physical fights

How would you describe the relationship between you and your father?

- Cold – distant Stormy – argumentative Loving – close
- Tolerant – put up with each other Abusive – verbal and/or physical fights

NUCLEAR FAMILY:

Marital Status: Single Married Separated Divorced

Name of Spouse: _____ Age: _____

Date of your present marriage: _____

Date(s) of any previous marriages: _____

Date(s) of any previous divorces: _____

Names of individuals living in your home:

Name	Age	Relationship to you

How would you describe the relationship between you and your spouse?

- Cold – distant Stormy – argumentative Loving – close
- Tolerant – put up with each other Abusive – verbal and/or physical fights

If a parent, how would you describe the relationship between you and your children?

- Cold – distant Stormy – argumentative Loving – close
- Tolerant – put up with each other Abusive – verbal and/or physical fights

If you are single, how would you describe the relationship between you and most of your past partners?

- Cold – distant Stormy – argumentative Loving – close
- Tolerant – put up with each other Abusive – verbal and/or physical fights

If applicable, how would you describe the relationship between you and your in-laws?

- Cold – distant Stormy – argumentative Loving – close
- Tolerant – put up with each other Abusive – verbal and/or physical fights

SCHOOL:

What is your last level of education completed? _____

If a college graduate, what is your degree in? _____

What kind of grades did you usually make? _____

What was your favorite subject? _____

Please list all schools attended beyond high school: _____

WORK:

What is your present job? _____

How long have you had this job? _____

How do you feel about your work? Hate it Tolerate it Enjoy it

What future job or profession do you hope to have? _____

FINANCIAL:

How would you describe our present financial condition? Very Bad Fair Good Excellent

If you are having financial problems, have you sought help from any of the following:

Red Cross Other Non-profit groups Consumer Credit Counseling

Have you had any letters of indebtedness? Yes No

RELIGION/COMMUNITY:

Do you attend church? Yes No

If so, which church do you attend? _____

Do you participate in any community activities or organizations? Yes No

If so, please list them: _____

HEALTH:

Do you consider yourself to be in Excellent Health Good Health Fair Health Poor Health

Have you ever been in the hospital? _____

If yes, please list dates and treatment received: _____

Please list any medications you are currently taking: _____

Have you ever seen a therapist? (Psychiatrist, Psychologist, Social Worker, Counselor) Yes No

If yes, when? _____ Reason for treatment: _____

ABUSE:

Check any of the following which you have experienced:

Verbal Abuse. By whom? _____

- Physical Abuse. By whom? _____
- Sexual Harassment. By whom? _____
- Sexual Abuse. By whom? _____
- Rape. By whom? _____

SUBSTANCE ABUSE:

Check any of the following which apply to you:

- I have used illegal substances in the past.
- I drink, but not to get drunk.
- I have had some problems with drinking.
- I have been told by someone that I have a problem with alcohol.
- I have abused prescription drugs in the past.
- I can drink more now than in the past.
- I do not drink alcohol at all.
- I drink when I feel a lot of pressure.
 - It helps. It does not help.
- I do not use drugs at all.
- I drink occasionally.

Please list anything else you believe to be important for me to know as your therapist:
