Name :_____ **Date:** _____

PSYCHOSOCIAL LIFE HISTORY

Purpose: The purpose of this history inventory is to get a picture of your life history as seen through your eyes and experiences. It is assumed that you know the most about yourself and your life since you have been the only person to have lived it. You will find that some questions take a little time and thought but answering the questions fully will help us to understand you better.

Date of birth:_____Age:_____National Origin or Cultural background:_____

City, State, and Country of Birth:_____

Highest Grade completed: _____

PHYSICAL FEATURES

Height:_____ Weight:_____Eye Color: _____

Hair (check all that apply)

___ Wavy	___Braided	___ Collar Length	___ Black	___ Blonde
___ Curly	___Short	___ Shaved	___ Red	___ Other
___ Straight	___Long	___ Brown	___ Dyed	

PRESENT LIFESTYLE

Presently living with/ at:_____

How long at this address:_____

I would guess my IQ is (circle one) Superior Above average Average Below Average

Do you have any religious affiliation? _____ If so, which religion and how often do you practice?

_____

Check any of the following problems you have or things that worry you:

___ money problems
___ learning problems
___ problems with others
___ family problems
___ alcohol problems
___ drug problems
___ anger problems
___ sexual problems
___mental problems
___memory problems
___fear problems
___looks problems
___friendship problems
___physical problems
___health problems
___school problems

HEALTH INFORMATION

When were you last seen by a doctor?

_____

Are you worried about your health?_____If so, about what:_____

Do you have any long term illness, injuries or disabilities?_____If so, what are they?

_____

Do you take medications everyday? If so, what?

_____

My health is (circle one): Excellent Good OK Fair Poor

Circle any of the following that you have: Attention Deficit Disorder
Hyperactivity Disorder

Conduct disorder Diabetes Cancer Asthma Allergies
Other _____

Check any that apply to you:

___ headaches ___dizziness ___stressed ___always feel wrong
___ paralysis ___can not sleep ___panicky ___feel loved

___ tremors ___depressed ___stomach trouble___urinary problems
___ confused ___memory loss ___thoughts racing____bowel problem
___ lonely ___always tired ___self-centered ___misunderstood
___ restless ___"a nobody" ___good looking ___can't concentrate
___ anxious ___nightmares ___rather be alone____full of regrets
___ unloved ___convulsions ___loss of appetite____sexual problems
___ bored ___well liked ___heart palpitations ___kind
___ loner ___talented ___suicide thoughts ___good
___ smart ___unable to relax____can't make decisions ___bed wetting

PARENTAL AND FAMILY HISTORY

Where you born? _____

Where were you raised? _____

Father's name:_____His type of work:
_____

His age now_____If not alive, how old were you when he died?_____How did he die?_____

Mother's name:_____Her type of work:
_____

Her age now_____If not alive, how old were you when she died?_____How did she die?_____

Have either your parents had a problem with: (circle all that apply): Alcohol
Drugs Temper

Hitting Fighting Being Arrested Stealing Molesting

Rape Mental Illness

If so, which parent?_____How do you feel about their problems?
_____

PLEASE FINISH THE FOLLOWING:

In my growing up years my parents argued
_____

In my growing up years my parents showed their affection for each other by
_____

During your growing up years did either of your parents hit the other? _____
Describe:_____
_____

Did your parents stayed married during the time you were growing up? _____
If they divorces, how old were you at the time? _____ How did you feel about the divorce?
_____

What was your father like when you were growing up?
_____

How do you think he would have described you when you were growing up?
_____

How did he discipline you?
_____

How did he show concern and affection for you?
_____

What was your mother like when you were growing up?
_____

How did you feel about her when you were growing up?
_____

How do you think she would describe you when you were growing up?
_____

How did she discipline you?
_____

Do you considered yourself to have been abused as a child?

_____

When I was growing up I was able to confide in:_____

Most of my growing up years were (check those that apply)
___ lonely ___happy ___fun __ sad___unhappy ___afraid ___filled with fighting ___filled with drugs and alcohol safe

Please list all the members in your family (mother, father, step-parents, brothers, sisters, step-brothers and sisters, half-brothers and sister and other relatives who have lived with you. Begin with the oldest and list yourself in order.

Name	Age	Relationship

Do any of your brothers/sisters suffer from alcoholism, violence, criminal behavior, sexual problems or mental illness?_____If so, who? _____
Explain:_____

If you lived in foster care, how long?_____How many foster homes did you live in? _____

Would you consider that you were neglected child?

_____

Would you consider that you were emotionally abused?

_____

As an adolescent I spent most of my time

_____

EDUCATION HISTORY

High School

The name of my school is/was
_____

In high school I generally get A B C D F grades (circle).

Have you skipped classes? _____
If so what do you do instead of going to class?
_____

Year of Graduation: _____

If you have dropped out, why?
_____

Armed Services Experiences

Branch_____Length of time served _____
Type of Work _____

Highest Rank achieved _____
Type of Discharge _____

Any court martials? _____
For what? _____

Work History

My major trade, craft, profession or occupation
is_____

Are you a good worker/employee? _____
Why? _____

List your jobs for the past 5 years (begin with present job): List Company Name, Reason for leaving, Length

1.

2.

3.

4.

5.

Have you ever been fired from a job? _____
If so, why? _____

MARITAL /FAMILY HISTORY

List all marriages, including common-in law marriages and live-relationships lasting more than 6 months

Date Married	To Whom	Your age	Her Age	Number of	Date Ended	Reason for
		At time	Time	Children		
Relationship	ending					

How many children do you have? _____

Name	Gender	Age	Where do they live?

What are the major problems in your present marriage or relationship? Check items below as you see the problems, then as your partner/wife see them:

Problems as you see them:
___ Constant arguments and fights
___ Money misuse
___Job problems
___Physical abuse
___Sexual problem
___Not interested in partner
___Sexual affairs
___Child rearing problems
___Ill health
___Other

Problem as your partner sees them:
___Constant arguments and fights
___Money misuse
___Job problem
___Physical abuse
____Sexual problems
____Not interested in partner
___Sexual Affairs
___Child rearing problems
___Ill health
___Other

Who wants sex more often in your relationship?
_____
How often do you have sex with your sex partner?
_____
Do you have problems getting an orgasm with your partner? _____
Explain_____
Would you like to separate from your partner for a while?
_____
Have you been thinking about divorce or separation? _____
Explain_____

SUBSTANCE (ALCOHOL /DRUGS) USE HISTORY

I first tried drinking alcohol at the age of _____.

I drink alcohol (how
frequent?)_____

I usually drink with
_____

The kinds of alcohol drinks I prefer are
_____

Do you think you have an alcohol problem?_____

I first used drugs at the age of_____. I tried the following kind of drugs (please check all that you tried):

__Marijuana	__Tobacco	Valium/Xanax	__PCP
__Barbiturates	__Speed	__Thinner	__LSD
__Mushrooms	__Crack	__Non-prescription drugs	__Glue
__Heroin	__Hashish	Prescription drugs	Meth
__Cocaine	__Codeine	Aerosol sprays	

List others

_____

When I was on drugs I acted

_____

Drugs made me feel

_____

Did you ever sell drugs?_____What did you use the money for?

_____

Do you think you have been a drug addict?_____How long were you addicted?

_____

Have you ever been in a drug or alcohol treatment program?_____How many times?_____

If so, what did you learn from the treatment program?

_____

BEHAVIORAL HISTORY

The most violent thing I ever did was:

_____

When I want things my way I usually

_____

When I am angry I show it by

_____

Check any of the following which apply to you since you turned 18:

__Breaking and entering	___Sex deviance	Mugging	Disorderly conduct
__Probation violation	___Trespassing	__Vandalism	Negligent driving
__Traffic violations	__Domestic violence	Assault	__Court Martial
__Wife beating	__Hit and run	__Burglary	Captain's mast
__Writing bad checks	__Gambling	__Robbery	Murder
__Stealing from friends	__Article 15	__Fighting	shoplifting
__Unlawful possession	__unlawful fight	__Loitering	manipulating
__Cruelty to animals	__runaway	__alcohol/drugs	__auto theft
__Child physical abuse	__DWI or DUI	__Arson	__Other

List all arrests and punishments since your age of 18:

Your Age	What were you arrested for	What happened(prison, jail, probation, etc.)

If you were in jail, what kind of feelings did you have about being there?

_____

TREATMENT HISTORY

Check any of the following for which you have been in treatment or had counseling:

__alcohol	__family counseling
__drugs	__stealing
__emotional problems	sexual problems
__anger problems	other _____

Check any of the following for which you think you need treatment now:

__ Alcohol	__Family Counseling
__Drugs	__Stealing
__Emotional problems	Sexual Problems
__Anger Problems	Other

Have you ever been hospitalized for psychiatric reasons? Yes No

If so, describe what happened:

_____

Have you ever been prescribed medication for depression, anxiety, or any other psychiatric issue? Yes No
When, why, and by whom?

_____

Have you ever attempted suicide? Yes No
Describe what happened:

_____

Have you ever engaged in cutting or other forms of self-mutilation? Yes No
If so, describe it:

_____

Have you thought about hurting yourself in the past? Yes No
If so, please describe:

_____

Are you having any thought of hurting yourself or others right now? Yes No
If yes, please contact 9-1-1 or proceed to your nearest emergency room immediately.

The information that I have presented is true, to the best of my knowledge.

_____ _____

Client Signature **Date**