

Therapy Services provided by:
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(719) 432-8175

Name : _____
Date: _____

CONFIDENTIAL PSYCHOSOCIAL ASSESSMENT

Gathering Historic Information

Social History

- who do you live with, if anyone?
- available support persons?
- who would you like to seek as support persons?
- marital status?
- religion/spirituality?
- occupation/rank/position?
- interests?
- ability to socialize?
- pattern of communication with significant others?
- roles you plays within family, community?
- how is conflict handled within family?

Usual Coping Patterns

- How do you usually manage stressors?
- What happened the last time you were under severe stress?
- How do you rate your current stress level?
- Current / Past Alcohol Use / Abuse / Dependence? (circle applicable terms, if any)
- Current / Past Drug Use / Abuse / Dependence? (circle applicable terms, if any)

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Understanding of Current Illness/Condition

- What do you understand about the current illness/condition?
- Do you understand the implications of the conditions?
- How is your condition / mood impacting you /family?
- Any neurovegetative changes (physical problems related to psychosocial issues)?

Body Image

- Describe your appearance (draw a picture)
- What are your feelings about your body?
- What do you like about your body?
- If you could change your body, what if anything, would you change?

Self-Concept

- How would you describe yourself to others?
- strengths?
- weaknesses/challenges?

Expectations

- who would you like to be?
- who or what has influenced your expectations?
- are these expectations realistic?

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Self-esteem

- do you like who you are?
- what do you like about yourself?
- what don't you like about yourself?
- what would you like to change about yourself?
- list successes or accomplishments:
- list areas where you believe you fell short of your own expectations or those of others:
- have you ever experienced shame or felt ashamed? If so, please briefly describe the circumstances:

Competence

- how do you feel about your ability to do all the things your roles demand?
- has this answer changed from another time in your life? If so, please elaborate?

Goals

- where do you see yourself in 1 month?
- 1 year?
- 5 years?

Power

- to what extent do you feel able to control your life?
- if you don't feel in control, who or what is in control, if you know?

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Spirituality

- Is there a spiritual belief system that is important to you? How?
- What gives meaning to your life, or makes you want to live?
- Does your spiritual system help when you are not feeling well?
- Does your spiritual system influence health care decisions in any way? If so, how?
- Do you have any beliefs of a religious or spiritual nature about the cause or treatment of your problems?

Interpersonal Relations

- family
- school
- work
- community
- dependence/independence
- If in relationship, is your spouse/significant other living?
 - (If yes) Is your relationship satisfying?
 - (If no) How do you cope with the loss of that relationship?

Sexuality

- Sexually active?
- Sexual orientation (if comfortable disclosing)?
- Either way, are you satisfied with your sex life?

Name: _____

Date: _____

- Has your desire for sex or interest in sex changed? If so, how?

- Can you express your innermost thoughts/feelings to the person you love?

- Describe your relationship with your spouse/significant other:

- If you could change anything about your life (with regard to close relationships), what, if anything, would that be?

- How has the state of physical / emotional health affected you and your significant other?

Activities of Daily Living:

What is a typical 24 hour period like:

- diet & elimination

- exercise

- sleep/rest

- leisure activities

- habits

- any recent changes in habits?

Trauma History:

What are the three most traumatic things you have experienced?

- 1.

- 2.

- 3.

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PRENATAL / PERINATAL HISTORY

- ___ Was your pregnancy planned? Were you a wanted child?
- ___ Were you premature? Were you in an incubator for more than two days?
- ___ Was your birth difficult?
- ___ Was your mother in poor physical or emotional health? Did she experience any losses or dramatic events during her pregnancy with you?
- ___ Did your parent(s) want a child of the opposite gender?
- ___ Were you adopted?
- ___ As an infant, were you separated from your mother at birth?
- ___ Did you have any medical problems or early hospitalization?
- ___ Were there other children in your family? Did you feel accepted by them?
- ___ Did your family have adequate food, shelter, and other basic needs met?
- ___ Did you feel loved?

PHYSICAL HISTORY

- ___ Have you had any hospitalizations, surgery, or serious illness?
- ___ Have you had any long-term or difficult medical treatments?
- ___ Have you had any life-threatening conditions?
- ___ Have you had any accidents (burns, falls, broken bones, auto, etc.)?
- ___ Have you had any difficult experiences with doctors, nurses, or hospitals? How did you respond?
- ___ Have you experienced chronic, unexplained physical ailments? What was going on in your life when symptoms were first apparent?
 - ___ headaches _____
 - ___ stomach aches _____
 - ___ colitis _____

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___ irritable bowel syndrome (IBS) _____

___ autoimmune disorder: _____

___ joint pains _____

___ skin conditions _____

___ other: _____

FAMILY RELATIONSHIPS

___ Were you separated from either parent or siblings for a lengthy period? Where/with whom did you live then?

___ Did any family members have alcohol or drug problems?

___ Did your parents fight -- verbally? physically? Did you hear / see these fights?

___ How were you punished or disciplined? Were you hit? How often? How severely?

___ Did you experience any incest, molestation, or inappropriate touch?

___ Did you have any serious fights with siblings? ongoing difficulties with siblings?

___ Were your parents married? Divorced? Remarried?

___ Were there any other relationships coming into the home?

___ How many caregivers did you have while growing up?

___ How many places did you live while growing up?

SCHOOL / WORK RELATED EXPERIENCES

___ Did you feel teased, tormented, bullied or threatened?

___ Did you feel excluded, outcast, or ostracized?

___ Did you experience prejudices?

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FRIGHTENING EVENTS

- Have you had any direct experience with human-caused assault (kidnapping, mugging, rape, arson, etc?)
- Have you had any direct experience with nature-based fear (tornado, earthquake, flood, fire, etc.?)
- Have you witnessed any frightening events? What? At what age?
- Do you have a close connection to someone who experienced a frightening event?
- Have you had a frightening spiritual or religious experience?

LOSSES

- Have you experienced any deaths of significant others? What circumstances?
- Have you experienced the loss of a treasured pet?
- Have you experienced the loss of a pregnancy? Through what means?
- Have you experienced a serious break-up with good friends, boy/girlfriend, spouse or significant other?
- Have you experienced a loss of job? What circumstances?
- Have you experienced a loss of home? What circumstances?

OTHER UPSETTING LIFE EVENTS OR EXPERIENCES (list):

-
-
-

Miscellaneous:

Is there anything else you would like your therapist to know about you, your symptoms, your history, your relationships, your struggles, your successes?