



**PSYCHOSOCIAL ASSESSMENT**

**PRESENTING PROBLEM:**

What brings you to counselling?

**FAMILY HISTORY:**

Tell me about the household you grew up in?

Sibling Name	Gender M/ F	Age	Birth Order oldest/youngest	Family Type single parent/ blended/traditional	Describe your Sibling General characteristics	Relationship Conflicted/Close

Tell me about your **mother**, step mother and/or other significant female care providers? What were their personalities like, how did they treat you, and what has been your relationship with them over the years including now?

Tell me about your **father**, step father and/or other significant male care providers? What were their personalities like, how did they treat you, and what has been your relationship with them over the years including now?

Tell me about your earliest, worst, best, and most recent childhood memories. Any significant family events during your growing up years?

How did your family handle conflict? How did your family communicate with each other? (Where were you in this experience? How did you cope?)

What do you like & dislike about your family?

Current Household Make-up:

**MEDICAL HISTORY**

Tell me about any medical problems you have –chronic illnesses, traumatic injuries, head injuries, major surgeries, chronic pain? Includes dates, hospitalization information, disabilities.

**LIFE STYLE**

Physical Health (1 is poor, 10 is excellent): Rating\_\_\_\_\_

Diet: \_\_\_\_\_ Caffeine intake: \_\_\_\_\_

Sleep (any concerns): \_\_\_\_\_ Hours/Night\_\_\_\_\_

Exercise: Form(s):

How Often: Regularly \_\_\_\_\_ Sometimes \_\_\_\_\_ Rarely \_\_\_\_\_

Sex Life (how satisfied are you): \_\_\_\_\_ Rating\_\_\_\_\_

What does intimacy mean to you? What might be missing that makes it not feel intimate?

Medication(s):

Prescription Type	Diagnosis	How Often	How Long

Alcohol Intake:

Amount (per use)	Frequency (per day/week)	How Long (months, years)

Drugs:

Have you ever had a period of heavy alcohol or drug use? Please describe.

Has any member of your family had a period of heavy alcohol or drug abuse, past or present? Please describe.

Has or does drug and alcohol use interfere with or negatively affect your life?

Have you experienced any of the following symptoms of withdrawal?

Tremors      Nausea      Vomiting      Sweats      Seizures      Hallucinations  
 Blackouts      Others

**ADDICTIONS** - Please check all that apply

Alcohol \_\_\_\_\_ Drug (illegal and/or prescription) \_\_\_\_\_  
 Food \_\_\_\_\_ Sex \_\_\_\_\_  
 Gambling \_\_\_\_\_ Shopping (includes online) \_\_\_\_\_  
 Smoking \_\_\_\_\_ Internet \_\_\_\_\_  
 Work \_\_\_\_\_ Other \_\_\_\_\_

Age of Onset	How Often	Last Use	Treatment	Consequences of Abuse

**EMOTIONAL/MENTAL HEALTH**

How would you describe yourself emotionally?

Have you had any thoughts of hurting yourself or another?      Yes \_\_\_\_\_ No \_\_\_\_\_

Any current suicidal thoughts, &/or intent to end your life? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you presently or have you in the past had any:

Risk Factor	Yes	No	Comments
Suicidal Thoughts			
History of Suicide Attempts			
Homicidal / Violent Thoughts			
History of Violent Behaviour			
Paranoid Thoughts			
Hallucinations			

**Risk Assessment:**

Harm to **Self**:      None\_\_\_\_\_ Low\_\_\_\_\_ Medium \_\_\_\_\_ High \_\_\_\_\_  
Harm to **Others**:    None\_\_\_\_\_ Low\_\_\_\_\_ Medium \_\_\_\_\_ High \_\_\_\_\_

Hospitalization/treatment for psychiatric problems? \_\_\_\_\_

Any memory & cognitive problems? \_\_\_\_\_

What significant problems or stresses are you facing at the present time?

**SPIRITUAL/RELIGIOUS BELIEFS**

Is there any specific belief system that you follow that I need to be aware of?

Did religion/spiritual practice play a part in your upbringing? Does it now?

**RELATIONSHIP HISTORY**

List any significant relationships in your life (for example marriage, common-law union, long term dating, divorced) starting with the most recent or current:

Status: (Dating, Married, Divorced)	Duration:	Age (of onset):	Crises / Abuse : (verb/sex/phys)	Other Relevant Info :

Sexual Orientation:

**TRAUMAS or SIGNIFICANT LOSSES**

Have you experienced any traumas you think we should address?

*Checklist of Examples:*

- |                      |                   |                       |
|----------------------|-------------------|-----------------------|
| Abduction            | Bullying          | Chronic Illness       |
| Cultural             | Criminal          | Deaths                |
| Divorce / Separation | Emotional         | Financial             |
| Hate crime           | Identity theft    | Internet Fraud        |
| Isolation            | Loss of Culture   | Loss of Independence  |
| Medical / Physical   | Sexual Abuse      | Stalking              |
| Torture / War        | Witness of Trauma | Work Related/Job Loss |

**EDUCATION**

Current Level of Education: \_\_\_\_\_

Educational Goals: \_\_\_\_\_

**CAREER**

Current employment/job description? \_\_\_\_\_

Employment History? \_\_\_\_\_

Level of job satisfaction) 1-5) \_\_\_\_\_ Why? \_\_\_\_\_

Gaps in Employment History? \_\_\_\_\_

Reasons for Leaving? \_\_\_\_\_

Any volunteer work? \_\_\_\_\_

**LEGAL HISTORY**

Describe any legal (criminal) problems you have ever had. Describe any violent behaviour you have ever exhibited.

Any outstanding legal matters? \_\_\_\_\_

Probation? \_\_\_\_\_ In jail (past/current)

On going lawsuit(s)? \_\_\_\_\_

Past legal matters? \_\_\_\_\_

## **SUPPORT SYSTEMS**

Have you attended counselling before?    \_\_\_ Yes    \_\_\_ No

If yes: When?            Age?            Reason(s)?

What was helpful / not helpful?

Anything missed / not addressed?

Who do you turn to for support? Reason you would choose these supports?

Friends \_\_\_ Church \_\_\_ Professionals \_\_\_ Neighbours \_\_\_ Co-workers \_\_\_ Virtual  
Friends \_\_\_ Children \_\_\_ Partner \_\_\_ Pets \_\_\_ Family \_\_\_

Tell me about your strengths, hobbies, interests. What do you like to do for fun and relaxation?

If you were granted 3 wishes what would they be & how might they change your life?

How will you know when your goals have been achieved and you no longer have to see me?

## **TREATMENT GOALS**

What would you like to achieve in our work?

- 1.
- 2.
- 3.

Is there anything I did not ask that you thought I would, or anything else you think would be helpful?

**PRELIMINARY CONCLUSIONS / RECOMMENDATIONS**

*(To be filled out by counsellor)*