



SOCIAL HISTORY/PRE-TREATMENT ASSESMENT

Personal Data (Please copy and/or make corrections from Informed Consent form)

Client Name: _____

Date of Evaluation: ____/____/____

1. PRESENTING PROBLEM & GOALS AS DESCRIBED BY

A). Client's Goals/Problems: _____

Referred Due to: _____

B). Family/Others: _____

C) Reason for seeking Tx NOW (coerced?): _____

2. SOCIAL HISTORY

A) Environmental Influences (moves, housing conditions, etc.): _____

B) Length of Marriage/Divorces/Separations: _____

C) Number of Close Friends: _____

D) With whom do you spend most of your free time? Family_____ Friends_____ Alone_____

3. FAMILY DYNAMICS

A). Demographic and historical info: ____ Brothers ____ Sisters ____ Sons ____ Daughters

Dad/Age/Relationship: _____

Mom/Age/Relationship: _____

History of relationships with sisters, brothers, or extended family:



Describe relationship with your children:

B). Divorces, separations, deaths, incarceration and significant events of parents, family members, and significant others (include reasons): _____

C). Father Voc History: _____

Mother Voc History: _____

D). Parent and family treatment history (substance abuse or mental health):

E). Natural Supports (Positive Interpersonal Relationships): _____

F) Significant childhood experiences: _____

4a. PHYSICAL HEALTH HISTORY

A). Current Symptoms: Asthma Cancer Diabetes Hypertension Arthritis Headaches Insomnia TB
Bleeding Allergies: _____

Other: _____

B). Physical Health History (any significant illnesses, injuries or surgeries):



C). Current Diagnoses from previous providers. If unknown, write “unknown”

D). Urgent Physical needs (Describe any high risk situations): _____

E) Date of last physical exam: _____ Physician: _____

F) Describe your current level of physical activity (exercise program: _____

Current Non-Psychotropic Medications (Include OTC's):

Medication	Purpose	Dosage	Frequency

4b. MENTAL HEALTH HISTORY (Includes Mental Status Exam)

A). Current Symptoms:

Have you ever attempted suicide/self-harm? Yes No _____

Have you ever had a Plan to commit suicide? Yes No _____

Have you had serious thoughts of suicide/homicide? Yes No _____

Experienced serious depression, sadness or hopelessness? Yes No

Details: _____

Experienced serious anxiety nervousness? Yes No _____

Details: _____

Had alternating periods of Depressed and Elevated Mood? Yes No

Do you think you have an Eating Disorder? Yes No _____

Seen or heard things that others did not see or hear? Yes No

Describe any past Traumatic Experiences: _____



Had trouble controlling violent behavior? Yes No _____

Details: _____

B). Current level of mental functioning (describe impairments and skills within to justify):

C). Urgent Mental Needs (Describe any high risk situations, incl. suicidal/violence risk):

D). Mental Health Treatment Interventions (i.e. Counseling/Hospitalizations. Please list Addiction Tx under “Substance Abuse History”): _____

E). Assessment of risk-taking behaviors (Suicidality etc.): Low Med High Severe

F). Current Mental Diagnoses from previous providers. If unknown, write “unknown”

Current Psychotropic Medications (Include OTC’s):

Medication	Purpose	Dosage	Frequency

5. ACADEMIC/INTELLECTUAL/WORK HISTORY

A). Academic history (last grade/degree completed?): _____

Future Plans: _____

B). Learning disabilities, behavior disorders, or impairment: NR _____

C). Academic Interventions and outcomes: NR _____

D). Vocational & training history of client: NR _____

E). Valid Drivers License? Yes No



F). Do you own a Vehicle? Yes No

Work history:

G). Current Employment: _____

H). Last period of Unemployment- Fr: _____ to: _____ Reason: _____

Employer City Position Wage Start Date End Date

I). Other sources/amounts of income: _____

J). Career/employment Goals: _____

K). Obstacles to attainment of Goals: _____

6. MEDICAL AND DEVELOPMENTAL HISTORY (Client)

A). Physical development (delays/interruptions etc.): _____

B). Prenatal, birth, developmental milestones, prenatal exposure to alcohol & tobacco:

C). History of injuries and illnesses, handicapping conditions: _____

D). Sexual development, menstrual history, pregnancies, births, or fathered children:

E.) Sexual Orientation (if age appropriate): Hetero_____ Gay_____ Bi-Sex_____ N/A_____

F). Medication allergies or adverse medicine reactions: _____

G). Adjustment to disabilities/disorders: Poor Fair Good Exc.

H). Assessment of language functioning and speech ability: Poor Fair Good Exc.

I). Assessment of hearing functioning: Poor Fair Good Exc.

J). Assessment of visual functioning: Poor Fair Good Exc.

7. LEGAL HISTORY

A). Offenses against the client: _____

B). History and Current legal status (Include Arrests & Convictions): _____

C) Previous incarcerations: _____

D). Status Offenses: NR _____



E). Violence and assault to others: NR _____

F). Other: DUI_____ Shoplifting_____ Drug Related_____ Weapons_____ Prostitution_____

Parole V._____ Vandalism_____ Burglary_____ Robbery_____ Rape/Sex Crimes_____ Major

Driving V's._____ Other: _____

9. VICTIM ISSUES

A). Physical Abuse: NR _____

B). Sexual Abuse: NR _____

C). Emotional Abuse: NR _____

D). Neglect: NR _____

E). Other Offences Against Client: NR _____

10. SUBSTANCE ABUSE HISTORY

A). Major Life Events Prior to Problematic Use: _____

Periods of Abstinence (when and why?): _____

Last Use: _____ Do you believe that you are an Addict/Alcoholic? Y N

Experienced (circle)? : Detox Overdose Sweats Shakes Convulsions

Seizures DT's Hallucinations Passing Out Hangovers Memory Loss

Blackouts Other: _____

Influence of living situation on Use?: _____

Other Addictive Behavior (Gambling/Sex/Pornography/Video Games/Eating/Risk Taking)

Other: _____

Consequences of Use: Legal_____ Job_____ Relationships_____ Family_____ Financial_____

Other: _____

Tobacco: _____

Alcohol: _____

Marijuana: _____

Cocaine: _____



Meth/Amph: _____

Opioid: _____

Prescription Drug Abuse: _____

B). Family Usage/Tx History: _____

C). Client Treatment history (include SA Eval findings & Prior 12-Step Activity): NR

11. PERSONAL ASSETS AND LIABILITIES

A). Strengths (Abilities): _____

B). Limitations: _____

C). Interests and preferences (vocational/personal): _____

D.) Spiritual Beliefs/Religious Affiliation: _____

E) Spiritual Issues: Anger_____ Grief/Sadness_____ Shame/Guilt_____ Emptiness/Loss_____

Forgiveness_____

12. COLLATERAL INFORMATION:
