

SOCIAL HISTORY

Client name: _____ Today's date: _____

Age: _____ Marital status: _____ Ethnicity: _____

Childhood Relationships

Describe parents or step-parents who raised you:

Father's name: _____

Current age: _____ Occupation: _____

Description of father's personality: _____

Father's use of alcohol and/or other drugs: _____

Methods of discipline: _____

Describe relationship with him during childhood: _____

Mother's name: _____

Current age: _____ Occupation: _____

Description of mother's personality: _____

Mother's use of alcohol and/or other drugs: _____

Methods of discipline: _____

Describe relationship with her during childhood: _____

Did parents or other family members ever receive treatment for depression or other emotional problems? If so, please explain: _____

List any other adults who were important to you and how they affected your childhood: _____

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Brothers and sisters (oldest to youngest, including yourself as well as any deceased siblings):
Name Age How did they relate to you when you were a child?

Where do your parents, brothers and sisters currently reside?

Childhood Living Arrangements

Where were you born?

Where were you raised?

How many places did you live during childhood?

How long in each?

What were the reasons for moving?

If at any time you did not live with your natural family, with whom did you live?

School

What were grade school and high school like for you?

Last grade completed?

What were your average grades?

Describe any behavior or other problems in school:

Describe any learning problem or special ability that has affected your life:

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Religious Beliefs

What were the religious beliefs you had during childhood?

Describe your current beliefs/religious preference:

How does spirituality affect your life?

Abuse History

Did you experience abuse as a child? No /___/ Yes /___

Type: physical /___/ sexual /___ emotional /___

By whom?

Have you been abused as an adult? No /___/ Yes /___

Type: physical /___/ sexual /___ emotional /___

By whom?

Describe any current problems related to the abuse:

Do you think you have the potential for abusing others? No /___/ Yes /___

Explain:

Relationships and Children

Present partner's name: _____

Age: _____

Partner's occupation: _____

How long have you been with this partner?

Describe your partner:

Partner's use of alcohol and/or other drugs:

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Describe any problems in the relationship:

Previous relationships throughout your life:

Partner's first name When you met When separated and why

Children (please include children placed for adoption or deceased):

Name Age By whom Description

Sexuality

What were your impressions of sex during your early life?

Is sexuality currently a problem for you? Yes / ___ / No / ___

If yes, please explain:

Other Problem Issues

Are you concerned about your eating habits, weight, gambling, shopping, etc.? Yes /___/ No /___

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If yes, please explain:

Losses

Have you experienced any significant losses in your life?

Work History

What kinds of work have you done?

What do you consider your main line of work?

What is the longest you have worked on a job?

Current employer:

Position:

Describe any financial problems:

Legal History

Charges (include DWI) Date Convicted (Yes/No)

Are you currently on probation or parole? YES /___/ NO /___

Probation/Parole officer's name:

History of Previous Treatment

List any counseling or drug treatment you have had.
Where By Whom Problem Dates

Medical History

List any medical problems in the past or present (including chronic or serious illnesses, accidents, surgeries, head injuries):

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List any current prescription medications:

List any psychiatric medication taken in the past:

Describe any concerns over sleep or diet:

Describe current exercise:

Social Activities

Describe how you use your free time:

Do you spend most of your time with: Friends /___/ Family /___/ Alone /___/

Current Problems

Please describe (briefly) the problems that led you to seek counseling?

How long have you been experiencing this/these problem(s)?

Whose idea was it to seek counseling?

How have you addressed this problem in the past?

What were the results of your previous solution(s) to your problem?

Who do you consider to be your current support system, i.e., friends, clergy, family, etc.?

What would you like to gain from counseling?

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Drug Use History

Please circle each drug you have used in your lifetime and complete the information in that row.

If you have not

used the drug, write "never" under Age of First Use.

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Drug Age of first No. times No. times Method— Date of last Current or
use used in used past snort, IV, etc. use potential
lifetime 30 days drug use

problems

Nicotine,

cigarettes,

tobacco

Alcohol,

beer, wine,

liquor

Marijuana,

hashish

Stimulants,
crystal,
dexedrine

Depression,
valium,
seconal

Narcotics,
heroin,
morphine

Hallucinogens,
LSD,

PCP

Cocaine,
crack

Inhalants,
paint, gas

Notes: