**SOCIAL HISTORY** ***Date:***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Client Name:** |  | **DOB:** |  | / |  | / |  |

|  |  |  |
| --- | --- | --- |
| **Name of Person Completing Form** (if not Client)**:** |  | |
| **Relationship to Client:** [] Mother [] Father [] Guardian [] Other | |  |

|  |  |
| --- | --- |
| **How did you hear about us?** Referred by |  |

[] Returning Client [] Another Client [] Family/Friend [] Internet/Website

|  |  |  |
| --- | --- | --- |
| [] Insurance | [] Other |  |

**Reason for Seeking Counseling**

**I am seeking help with:** [] Life Transition [] Personal Growth/Improvement

[] Peers/Friends [] Relationship/Marriage [] Estrangement/Divorce [] Parenting

[] Blended Family [] Stress [] Depression [] Anxiety [] Work/Life

|  |  |
| --- | --- |
| [] Sexual/Sexuality [] Other |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **This problem began:** |  | **Describe problem:** | |  |
|  | | | | |
|  | | | | |
| I have tried to resolve this problem already by: | | |  | |
|  | | | | |

|  |  |
| --- | --- |
| My strengths are: |  |
|  | |

|  |  |
| --- | --- |
| The things getting in the way of this problem getting better: |  |
|  | |

**Identifying Info**

|  |  |  |
| --- | --- | --- |
| **Client Gender:** [] Male [] Female [] Transgender [] Other | |  |
|  | |  |
| **Race & Ethnicity: (**Mark all that apply) [] Black [] White [] Biracial | | |
| [] Other: |  | |

[] African [] Asian [] European [] Hispanic/Latino [] Middle Eastern [] Native

|  |  |
| --- | --- |
| American [] Pacific Islander/Hawaiian [] Other |  |

**Health & Medical**

**I am not:** [] currently under a doctor’s care. **I am:** [] currently under a doctor’s care.

|  |  |  |
| --- | --- | --- |
| **I have had:** [] a physical exam on: |  | |
| [] a thyroid/hormone level check on: | |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| Physician’s Name: |  | Phone: |  |

**I am not taking** [] **or** **I am taking** [] non-psychiatric prescribed or OTC medications, vitamins

|  |  |  |
| --- | --- | --- |
| or supplements. Prescribed by: | |  |
| List and describe: |  | |

|  |
| --- |
|  |
|  |

**I have no** [] **or I do have** **an allergy to** [] Medicine(s) [] Food(s) [] Other

|  |  |
| --- | --- |
| List and Describe: |  |
|  | |
|  | |
|  | |

**I have no** [] **or I have:** [] a history of health problems. [] a history of hospitalizations.

|  |  |
| --- | --- |
| Describe |  |
|  | |
|  | |

**Mental Health**

**I have no** [] **or I do have** [] family members with a history of mental health issues.

|  |  |
| --- | --- |
| Describe |  |
|  | |
|  | |

**I have not received** [] **or** **I have received the following counseling services:** [] Individual

[] Couples/Marital [] Family [] Group [] Substance Abuse [] Psychiatric [] Psych

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Testing [] Other counseling services | | | | | | |  | | | |
| From: | |  | to: |  | with: |  | | at: |  | |
| for: |  | | | | | | | | |
| From: | |  | to: |  | with: |  | | at: |  | |
| for: |  | | | | | | | | |

**I am not taking** [] **or** **I am taking** [] psychiatric medications .

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Prescribed by: | |  | | | | List and describe: | |  | |
|  | | | | | | | | | |
| **I have never** [] **or I have** [] been prescribed psychiatric med(s) by: | | | | | | | | |  |
| from: |  | | to: |  | List and describe | |  | | |
|  | | | | | | | | | |

**I have never:** [] been hospitalized for psychiatric reasons.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **I have:** [] been hospitalized for psychiatric reasons from: | | | |  | to: |  |
| at: |  | for: |  | | | |

**I have never:** [] thought about harming/hurting myself [] thought about suicide

[] tried to commit suicide [] thought about harming/hurting someone else

**I have thought about:** [] harming/hurting myself [] suicide [] harming/hurting someone

|  |  |  |  |
| --- | --- | --- | --- |
| else. When: |  | Describe: |  |
|  | | | |

**I have:** [] harmed/hurt myself [] attempted/tried suicide [] harmed/hurt someone else

|  |  |  |  |
| --- | --- | --- | --- |
| When: |  | Describe: |  |
|  | | | |

**I am thinking about:** [] harming/hurting myself [] suicide [] harming/hurting someone

|  |  |
| --- | --- |
| else. Describe: |  |
|  | |

**Trauma History**

**I have not:** [] experienced or been exposed to a trauma.

**I have experienced or been exposed to:** [] a traumatic event [] a significant loss

[] job loss [] absence of loved one/parent [] non-amicable divorce [] medical crisis

[] death of loved one [] substance abuse [] domestic violence [] childhood neglect

[] physical abuse [] sexual abuse [] natural disaster [] gang/neighborhood violence

|  |  |  |
| --- | --- | --- |
| [] war [] other |  | |
| **If checked any of the above,** describe: | |  |
|  | | |
|  | | |

**Symptoms**

**I have the following Physical symptoms:** [] headaches [] stomach/GI [] muscle aches/pains [] weight gain [] weight loss [] no energy [] illness [] insomnia

|  |  |
| --- | --- |
| [] Other |  |

**I have the following Emotional symptoms:** [] sad [] depressed [] anxious [] impatient

[] angry [] worried [] fearful [] nightmares [] flashbacks [] feel bad about myself

|  |  |
| --- | --- |
| [] hopeless [] helpless [] isolative [] low motivation [] Other |  |

**I have the following Behavioral symptoms:** [] crying [] yelling [] arguing [] trouble falling asleep [] trouble staying asleep [] trouble waking up [] poor eating habits

[] disorganized [] poor focus [] overactive [] trouble completing tasks

[] isolating/withdrawing/avoiding [] loss of sexual interest [] sexual issues

|  |  |
| --- | --- |
| [] relationship problems [] Other |  |

**This problem is affecting my:** [] daily life [] health [] work [] family [] relationships

[] feelings about myself (self-esteem) [] reputation or how others see me [] safety

|  |  |
| --- | --- |
| [] Other |  |

**Substance Use**

**I have never:** [] smoked or used tobacco products [] consumed alcohol

[] used illegal drugs

**I have:** [] needed caffeine [] smoked cigarettes [] used other tobacco products [] consumed alcohol [] relied on alcohol to feel better [] drank too much alcohol [] gotten drunk [] had a blackout [] driven while intoxicated [] been charged with a DUI

[] smoked marijuana/cannabis [] used medications prescribed for someone else

[] misused painkillers [] misused over-the-counter (OTC) medications [] misused household products [] used cocaine [] used heroine [] used meth [] used acid or similar [] used other mind-altering substance [] gotten into trouble because of my substance use [] had others tell me they were concerned about my substance use [] Other

|  |
| --- |
|  |

|  |  |
| --- | --- |
| **If you checked any, please indicate describe**: |  |
|  | |
|  | |
|  | |
|  | |
|  | |
|  | |

**Addictions**

**I have no** [] **or I do have** [] family members with a history of alcohol addiction.

|  |  |
| --- | --- |
| Describe: |  |

**I do not have**[] **or I do have** [] an alcohol addiction.

|  |  |
| --- | --- |
| Describe: |  |

**I have no** [] **or I do have** [] family members with a history of drug addiction.

|  |  |
| --- | --- |
| Describe: |  |

**I do not have** [] **or I do have** [] a drug addiction.

|  |  |
| --- | --- |
| Describe: |  |

**I have no** [] **or I do have** [] family members with a history of gambling addiction.

|  |  |
| --- | --- |
| Describe: |  |

**I do not have** [] **or I do have** [] a gambling addiction.

|  |  |
| --- | --- |
| Describe: |  |

**I have no** [] **or I do have** [] family members with a history of sex addiction.

|  |  |
| --- | --- |
| Describe: |  |

**I do not have** [] **or I do have** [] a sex addiction.

|  |  |
| --- | --- |
| Describe: |  |

**I have no** [] **or I do have** [] family members with a history of food addiction.

|  |  |
| --- | --- |
| Describe: |  |

**I do not have** [] **or I do have** [] a food addiction.

|  |  |
| --- | --- |
| Describe: |  |

**I have no** [] **or I do have** [] family members with a history of pornography addiction.

|  |  |
| --- | --- |
| Describe: |  |

**I do not have** [] **or I do have** [] a pornography addiction.

|  |  |
| --- | --- |
| Describe: |  |

**I have no** [] **or I do have** [] family members with a history of internet addiction.

|  |  |
| --- | --- |
| Describe: |  |

**I do not have** [] **or I do have** [] an internet addiction.

|  |  |
| --- | --- |
| Describe: |  |

**Support System**

**I do not** [] **or I do** [] feel I have enough emotional support from:[] my family [] my

|  |  |  |  |
| --- | --- | --- | --- |
| friends [] my faith (Denomination) |  | [] Other |  |

**Social Life & Activities**

**I have:** [] a best friend [] close/good friends [] not enough friends [] a wish for more friends [] lots of drama in my friendships [] fights/arguments/conflict with friends

**I participate in the following:**

[] social outings [] events [] club(s) [] organization(s) [] volunteer service

|  |  |
| --- | --- |
| [] sport(s) [] Other |  |

|  |  |
| --- | --- |
| **I have no** [] **or** **I have** [] hobbies or special interests Describe: |  |
|  | |

**Family**

|  |  |  |  |
| --- | --- | --- | --- |
| **Relationship Status:** [] Single [] Dating [] Living Together  /Unmarried Since: | | |  |
| [] Engaged Since: |  | [] Married Since: |  |
| [] Separated Since: |  | [] Divorced Since: |  |
| [] Widowed Since: |  |  |  |

|  |  |
| --- | --- |
| **Name of Significant Other/ Partner/Spouse** and/or **Former/Deceased:** |  |
|  | |

**Immediate Family** (Married into)**:**

**Name** **Age** **Sex** **Relationship**  **In Home?** **Education** **Occupation**

|  |
| --- |
|  |
|  |
|  |
|  |

**Family of Origin** (Born to)**:**

**Name** **Age** **Sex** **Relationship**  **In Home?** **Education** **Occupation**

|  |
| --- |
|  |
|  |
|  |
|  |

**Education**

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Highest Level of Education:** | | | |  | | | | | | | |
| [] In school,Name: | |  | | | | | | | | Grade: |  |
| [] If college, where: | | |  | | | | | Degree Year: | | |  |
| [] Tech/Vocational Training/ Cert or Licensure Year: | | | | | |  | from: | |  | | |
| in: |  | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Academic Performance:** [] As [] Bs [] Cs [] Ds [] Fs [] GPA: | | | |  |
| [] Special Education Services Describe: | |  | | |
| [] Behavior Problems Describe: |  | | | |
| [] Detention(s) [] Suspension(s) [] Expulsion(s) [] Other | | |  | |

**Employment**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| [] student [] never employed [] at-home parent since: | | | | | | | | | | | | | | | | |  | |
| [] laid off since: | | |  | | | | [] on unemployment since: | | | | | | | | | | |  |
| [] fired/termed Date: | | | | |  | | | | for: | |  | | | | | | | |
| [] disability since: | | | |  | | | | for: | |  | | | | | | | | |
| [] employed part-time or full-time or [] retired since: | | | | | | | | | | | | | | | |  | | |
| Employer: | |  | | | | | | | | | | | Location: | |  | | | |
| Job Title: |  | | | | | | | | | | | Duties: | |  | | | | |
| Special Training or Skills: | | | | | |  | | | | | | | | | | | | |

[] satisfied/happy with work [] not satisfied/not happy with work [] seeking work/job

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Military Service:** Branch: | | | | | |  | | | Rank: |  | | |
| from: |  | | | to: |  | |
| Stationed: | |  | | | | | | Discharged/Status: | | |  | |
| Experiences: | | |  | | | | | | | | | |
|  | | | | | | | | | | | |  |
|  | | | | | | | | | | | |  |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |

**Financial**

**I am:** [] following a budget [] worry-free about finances [] financially independent

**I am:** [] not following a budget [] struggling financially [] worrying about money

[] not financially independent [] arguing with a loved one about finances [] in debt

[] in legal trouble over finances (past due, foreclosure, bankruptcy)

|  |  |
| --- | --- |
| [] Other: |  |

**Legal**

**I have been:** [] involved in a lawsuit[] a party in divorce proceeding[] a party in a custody case [] reported to DCFS [] unfounded in a DCFS case [] indicated/founded in a DCFS case [] in trouble with the law [] accused of a crime [] arrested [] charged and/or convicted of a misdemeanor [] charged and/or convicted of a felony [] on court supervision

|  |  |
| --- | --- |
| [] on probation [] in jail [] in prison [] on parole [] Other |  |

**I am:** [] still involved in a legal matter [] currently in trouble with the law [] under investigation [] on court supervision [] on probation [] on parole

|  |  |
| --- | --- |
| [] Other |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **I have:** [] a pending court date in: | |  | Court on: |  | |
| Location: |  | | | | |
| Describe: |  | | | | |
|  | | | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Other Pertinent Information:** | | |  | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
|  | | | | | |
| Client Signature |  | | | Date | Click or tap to enter a date. |
| Therapist Signature | |  | | Date | Click or tap to enter a date. | |

*Rev 04/2024*