

Date: _____

PSYCHOSOCIAL HISTORY FORM

Name: _____ Age: _____ DOB: ___/___/___

Race: _____ Sex: _____

Address: _____

Home Phone: _____

Occupation: _____

Work Phone: _____

Children:

| | Name | Age | Date of Birth |
|----|-------|-------|---------------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |

Attorney's Name: _____

Address: _____

Phone: _____

Who filed for divorce? _____ Date: _____

Is the divorce final? Yes No If yes, date: _____

PARENT AND FAMILY HISTORY

What city did you live in while growing-up? _____

Who raised you? _____

How was the relationship between your parents? _____

If your parents were married, was there any history of separations or divorce? Yes No

If yes, explain: _____

Father

Name: _____

Current age: _____

If deceased, at what age did he die? _____ Cause: _____

Describe your father: _____

Highest educational level attained: _____

Occupation: _____

Number of hours worked per week during your childhood: _____

History of excessive alcohol or drug abuse? Yes No If yes, explain: _____

History of legal problems? Yes No If yes, explain: _____

History of emotional problems (mental illness)? Yes No If yes, explain: _____

Primary method of discipline: _____

Mother

Name: _____

Current age: _____

If deceased, at what age did she die? _____ Cause: _____

Describe your mother: _____

Highest educational level attained: _____

Occupation: _____

Number of hours worked per week during your childhood: _____

History of excessive alcohol or drug abuse? Yes No If yes, explain: _____

History of legal problems? Yes No If yes, explain: _____

History of emotional problems (mental illness)? Yes No If yes, explain: _____

Primary method of discipline: _____

Where do your parents currently reside: _____

Did either parent abuse or neglect you? Yes No If yes, explain: _____

If you could change anything about your parents or family, what would it be? _____

Stepparent

Name: _____ Sex: _____

Current age: _____ Year married to parent: _____

If deceased, at what age did he die? _____ Cause: _____

Describe stepparent: _____

Highest educational level attained: _____

Occupation: _____

Number of hours worked per week during your childhood: _____

History of excessive alcohol or drug abuse? Yes No If yes, explain: _____

History of legal problems? Yes No If yes, explain: _____

History of emotional problems (mental illness)? Yes No If yes, explain: _____

Primary method of discipline: _____

Siblings

#1 Name: _____ Sex: Male Female

Age: _____

Occupation: _____ Educational Level: _____

Married: Yes No Number of divorces: _____

Number of children: _____

Resides in what city/town? _____

History of mental illness? Yes No If yes, explain: _____

History of alcohol or drug abuse? Yes No If yes, explain: _____

History of criminal behavior? Yes No If yes, explain: _____

How often do you see this sibling: _____

How does this sibling get along with your children: _____

How close are you to this sibling: 1 2 3 4 5
not at all extremely

#2 Name: _____ Sex: Male Female

Age: _____

Occupation: _____ Educational Level: _____

Married: Yes No Number of divorces: _____

Number of children: _____

Resides in what city/town? _____

History of mental illness? Yes No If yes, explain: _____

History of alcohol or drug abuse? Yes No If yes, explain: _____

History of criminal behavior? Yes No If yes, explain: _____

How often do you see this sibling: _____

How does this sibling get along with your children: _____

How close are you to this sibling: 1 2 3 4 5
not at all extremely

#3 Name: _____ Sex: Male Female

Age: _____

Occupation: _____ Educational Level: _____

Married: Yes No Number of divorces: _____

Number of children: _____

Resides in what city/town? _____

History of mental illness? Yes No If yes, explain: _____

History of alcohol or drug abuse? Yes No If yes, explain: _____

History of criminal behavior? Yes No If yes, explain: _____

How often do you see this sibling: _____

How does this sibling get along with your children: _____

How close are you to this sibling: 1 2 3 4 5
not at all extremely

#4 Name: _____ Sex: Male Female
Age: _____
Occupation: _____ Educational Level: _____
Married: Yes No Number of divorces: _____
Number of children: _____
Resides in what city/town? _____
History of mental illness? Yes No If yes, explain: _____

History of alcohol or drug abuse? Yes No If yes, explain: _____

History of criminal behavior? Yes No If yes, explain: _____

How often do you see this sibling: _____
How does this sibling get along with your children: _____

How close are you to this sibling: 1 2 3 4 5
not at all extremely

#5 Name: _____ Sex: Male Female
Age: _____
Occupation: _____ Educational Level: _____
Married: Yes No Number of divorces: _____
Number of children: _____
Resides in what city/town? _____
History of mental illness? Yes No If yes, explain: _____

History of alcohol or drug abuse? Yes No If yes, explain: _____

History of criminal behavior? Yes No If yes, explain: _____

PERSONAL HISTORY

Significant Events in Your Life (i.e., losses, moves, injuries, honors, championships, etc)

Ages birth to 5: _____

Ages 6-10: _____

Ages 11-15 _____

Ages 16-20 _____

Ages 21-30 _____

Ages 31 to present _____

Education

Elementary School: _____ District: _____

Middle School: _____ District: _____

High School: _____ District: _____

Number of suspensions from school: _____

Did you graduate from high school? Yes No If yes, when? _____

Grade point average in high school _____

Sports or clubs you participated in school: _____

Did you receive any tutoring, counseling, or special education assistance during your schooling? Yes No If yes, explain: _____

Please list any post-high school training:

School: _____ Date ____ to _____

Type of Training or Major _____

Degree: _____ Grade Point Average: _____

School: _____ Date ____ to _____

Type of Training or Major _____

Degree: _____ Grade Point Average: _____

Armed Services Experience

Were you in the armed services? Yes No If no, please go to next section.

Branch _____ Length of time served _____

Type of work _____

Highest rank achieved _____

Any awards/commendations received? Yes No Describe: _____

Any disciplinary action? Yes No If so, why: _____

Type of discharge: _____

Feelings/thoughts about time in service _____

Employment History

Current employer: _____

Type of work: _____

Dates of Employment From: _____ To: _____

Work hours:

Monday _____ to _____

Tuesday _____ to _____

Wednesday _____ to _____

Thursday _____ to _____

Friday _____ to _____

Saturday _____ to _____

Sunday _____ to _____

How often do you work weekends? _____

On average, how many hours do you work per week? _____

Current salary \$ _____

Do you have medical insurance from your employer? Yes No

How would you describe your work record on this job? Poor Fair Good Very Good

Is this job stable? Yes No If no, explain: _____

Do you have any other employment? If so, explain: _____

Past Employment:

Name of company: _____

Type of work: _____

Dates of Employment: From _____ To: _____

Reason for leaving: _____

Name of company: _____

Type of work: _____

Dates of Employment: From _____ To: _____

Reason for leaving: _____

Name of company: _____

Type of work: _____

Dates of Employment: From: _____ To: _____

Reason for leaving: _____

Financial Situation

How is your financial situation at this time? (circle one)

Terrible Fair Good Very Good

How much are you in debt, other than mortgage or car payments? \$ _____

Have you ever filed for bankruptcy? Yes No If yes, explain: _____

At this time, are you able to pay bills and provide essential needs for your children?

Yes No If no, explain: _____

Do you gamble? Yes No If so, describe: _____

Physical Health

How would you describe your current physical health? (circle one)

Poor Fair Good Very Good Excellent

Height: _____ Weight: _____

Eye color: _____ Hair color: _____

Name of Physician: _____

Last physical exam: _____

List any medical problems: _____

List any past surgeries: _____

Do you have any scars or tattoos? Yes No Is so, explain: _____

Current medications: _____

Mental Health

How would you describe your mental and emotional health at this time? (circle one)

Poor Fair Good Very Good Excellent

Have you ever received therapy or counseling for emotional or mental problems?

Yes No If yes, please identify the reasons, dates, and clinic/therapist,

Have you ever taken medication for emotional problems? Yes No If yes, please describe: _____

Are you currently taking medication for emotional problems? Yes No If yes, please describe: _____

Have you ever been hospitalized because of emotional problems? Yes No

If yes, please identify the hospital, dates, and reason: _____

Current stressors in your life: _____

Do you have any history of self-inflicted injuries or cuts? Yes No If so, explain:

Do you have any history of suicide attempts? Yes No If yes, how many times, why, & when? _____

Any history of sexual abuse? Yes No If yes, describe: _____

Substance Abuse

What type of alcohol beverages do you enjoy? _____

How often do you consume alcoholic beverages? _____

How much alcohol do you usually consume when drinking? _____

How many times have you been intoxicated (drunk) during the past year? _____

During the past five years? _____

Have you ever experienced black outs from consuming alcohol? Yes No If so, explain: _____

Has anyone ever expressed concern about your alcohol consumption? Yes No

If so, who and why? _____

Have you ever received a DUI (driving under the influence) conviction? Yes No

If so, explain: _____

What types of drugs have you used: (check those that apply)

____ Marijuana ____ Cocaine ____ LSD

____ Heroin ____ Speed ____ Barbiturates

If any of the above is checked, please describe the age you started using the drug and amount of usage: _____

Did you ever sell drugs? Yes No

Have you ever attended AA or received therapy for substance abuse? Yes No

If so, explain: _____

Do you smoke tobacco? Yes No If so, how many packs of cigarettes do you consume per day? _____

Legal or Criminal History

Have you ever been detained or arrested? Yes No If so, explain: _____

Have you ever been charged with a crime? Yes No If so, explain: _____

Have you ever been convicted of a crime? Yes No If so, explain: _____

Were you ever in jail or prison? Yes No If so, explain: _____

Has your driver's license ever been suspended? Yes No If so, describe: _____

Religious Beliefs

Were you raised according to a certain religious faith? Yes No If so, explain: _____

What is your current religious affiliation? _____

Do you attend services on a regular basis? Yes No

Are religious issues an area of controversy in the raising of the children? Yes No

If yes, please describe: _____

Interests

Please describe your interests:

Social Network

Please describe people that you can rely on for assistance or help:

Current Residence

Describe your current residence:

Circle one: apartment condo home

Square footage: _____

Number of bedrooms: _____

Number of blocks from school: _____

Number of children in immediate neighborhood: _____

How long have you lived at this residence? _____

How much are your monthly payments? \$ _____

What are the advantages of this residence? _____

What are the disadvantages of this residence? _____

Do you plan to remain in this residence? Yes No If no, explain: _____

Relationship History

At what age did you start dating? _____

How many different boyfriends/girlfriends did you have in high school? _____

How many long-term relationships (6 months or longer) have you had? _____

How many times have you been married? _____

Dates of marriage(s): _____

If previously divorced (other than this dispute), what was the reason(s): _____

Do you have children from any other relationship? Yes No If so, please provide
name(s) and age of child(ren): 1) _____

2) _____ 3) _____

In terms of the current dispute, what originally attracted you to this person?

What made you decide to marry this person?

Please check any of the following that were problems during the relationship:

- | | | |
|---|---|--|
| <input type="checkbox"/> arguing | <input type="checkbox"/> money misuse | <input type="checkbox"/> job problems |
| <input type="checkbox"/> drug abuse | <input type="checkbox"/> alcohol abuse | <input type="checkbox"/> sexual problems |
| <input type="checkbox"/> sexual affairs | <input type="checkbox"/> child rearing issues | <input type="checkbox"/> domestic violence |
| <input type="checkbox"/> ill health | <input type="checkbox"/> emotional distance | <input type="checkbox"/> lack of love |

What made you decide to terminate the relationship with this person? _____

What is the relationship like between this person and the children? _____
