PSYCHOSOCIAL HISTORY FORM
OC University Counseling Services

Name: ____ Date: _____________________________

MEDICAL HISTORY

Have you had any traumatic illness, injuries or physical abnormalities? __________No __________Yes
If yes, briefly explain: ____

How would you describe your general level of health? Excellent Good Fair Poor
Are you currently under the care of a physician? __________No __________Yes If yes, briefly explain:
____
What medications are you currently taking (and for what condition)? ___________________________
____
Do you eat a balanced diet? __________No __________Yes
Do you exercise regularly? __________No __________Yes
Do you have a family history of cancer, heart trouble, diabetes? __________No __________Yes

Have you ever experienced any on going problems:

a.) fatigue	b.) loss of consciousness	c.) head traumas	d.) seizures
e.) dizziness	f.) headaches	g.) asthma	h.) musculoskeletal pain
i.) vision trouble	j.) fainting	k.) hives	l.) ulcers
m.) allergies	n.) hearing trouble	o.) nausea or vomiting	p.) abdominal pains
q.) bowel problems	r.) Dysmenorrhea	s.) Tachycardia—palpitations	t.) loss of feeling-tingling
u.) none			

DRUG/ALCOHOL HISTORY

Which of the following have you used?

a.) Acid (LSD)
b.) Methamphetamine (Crank)
c.) MOMA (Ecstasy)
d.) Steroids
e.) Inhalants (Gas, Paint, Airplane glue)
f.) GHB (Gamma-hydroxybutyrate)
g.) Benzodiazepines (Xanax, Ativan, Valium)
h.) Opioids (Codeine, Darvon, Vicodin, Dilaudid, Demerol, Heroin)
i.) Ritalin
j.) Marijuana
k.) Quaaludes (Sedative/Hypnotics)
l.) Cough medicine
m.) Cocaine
n.) Hallucinogenics
o.) Barbiturates (Central Nervous System depressants – “Downers”
p.) Tranquilizers
q.) PCP
r.) Other
s.) None

How Often? ____

How often do you drink alcohol? (On average) ____
How often do you drink to the point of intoxication? __________once or twice a year __________once a month __________once a week __________several times a week __________daily __________never
Have you ever been involved in an alcoholism or drug treatment program? _________No _________Yes
Did your parents or any family member have a problem with alcohol when you were a child?
________No __________Yes
Do you smoke cigarettes? __________No __________Yes If yes, how many? ____________________

DEVELOPMENTAL/FAMILY/SOCIAL

When were you born? _________________________
How old were your parents when you were born? __________Mother __________Father
With whom did you live as a child? ________________ Please list relationships and the ages during which you lived with them (ex: foster parents, grandparents, etc) _________________________________

Was your family troubled by any of the following problems while you were growing up?

a.) alcoholism b.) illness c.) poverty d.) mental illness e.) unemployment
f.) trouble with the law g.) divorce h.) frequent moves i.) none
If so, briefly describe ____

How would you characterize your childhood? (Answer all that apply)
a.) happy b.) frightening c.) unhappy d.) dull e.) hard to remember
f.) secure g.) painful h.) regimented i.) uneventful

Which descriptions characterize you father (paternal care taker)
a.) warm b.) distant c.) uncaring d.) domineering e.) unpleasant f.) overprotecting
g.) rejecting h.) strict i.) abusive j.) fault finding k.) understanding l.) affectionate
Is he living? __________ If no, how old was he when he died? __________________________________
How far did he go in school? __________ What is (was) his usual line of work? ____________________
How many times did he marry? __________

Which descriptions characterize your mother (maternal care taker)
a.) warm b.) distant c.) uncaring d.) domineering e.) unpleasant f.) overprotecting
g.) rejecting h.) strict i.) abusive j.) fault finding k.) understanding l.) affectionate
Is she living? __________ If no, how old was she when she died? _______________________________
How far did she go in school? __________ What is (was) her usual line of work? __________________
How many times did she marry? __________

How would you describe your parents (or parents substitutes) relationships with each other?
a.) ideal b.)violent c.) indifferent d.) full of conflict e.) hot and cold f.) reserved
g.) distant h.) happy i.) domineering/submissive j.) loving k.) hostile

What did your parents argue about?
a.) money b.) discipline of children c.) relatives interfering d.) drinking e.) sex
f.) jealousy g.) not taking care of home h.) not being a good provider i.) never argued

What are the ages and relationships (oldest to youngest) of your brothers and sisters?
NAME AGE RELATIONSHIP
____
____
____
____

Which descriptions characterize how you got along with your brothers and sisters as a child?
a.) quarrelsome b.) distant c.) indifferent d.) close e.) other
How do you get along with your brothers and sisters now? ______________________________________

Rate your family's economic status during childhood and adolescence:
a.) poverty level (received welfare) b.) working class c.) middle class
d.) upper middle class e.) wealthy

What were your favorite activities during your childhood? ______________________________________
Which descriptions characterize you as a child?
a.) outgoing b.) shy c.) active d.) awkward e.) irresponsible
f.) nervous g.) rebellious h.) serious i.) stubborn j.) unhappy
k.) calm l.) temperamental m.) self-confident

What were problems for you as a child?
a.) getting along with mother b.) getting along with father c.) getting along with sibling(s)
d.) getting along with peers e.) getting along with teachers f.) bed wetting
g.) nightmares h.) excessive fears or worries i.) felt I was a burden to my parents
j.) overweight k.) underweight l.) having my feelings hurt

m.) fear of failure n.) none
Did you have intimate/close friends during childhood? __________ No __________ Yes
Do you have intimate/close friends now? __________ No __________ Yes

How would you describe your mother's discipline?
a.) Strict b.) Fair c.) Lenient d.) Inconsistent

How would you describe your father's discipline?
a.) Strict b.) Fair c.) Lenient d.) Inconsistent

How were you disciplined as a child?
a.) Spanked b.) Grounded c.) Scolded d.) Wasn't disciplined e.) Other

Were you ever spanked or punished in a way that left marks on you? __________ No __________ Yes
Were you ever verbally abused as a child? (Example: told you were stupid, dumb or ugly?)
____

Have you ever been arrested or accused of a crime? __________ No __________ Yes If yes, explain
____
Did you ever run away from home? __________ No __________ Yes
What are the most vivid memories you have about your childhood? ______________________________
____
At what age did you leave your childhood home and why? ____________________________________

CULTURAL BELIEFS

Do you consider yourself to be part of any cultural or ethnic group? (Example: Italian, Black, Indian)
__________ No __________ Yes If yes, briefly explain ______________________________________
Is there anything about your cultural beliefs of which you would like your therapists to be aware?
__________ No __________ Yes If yes, briefly explain ______________________________________

EDUCATIONAL HISTORY

Completed grades: 1 2 3 4 5 6 7 8 9 10 11 12
AA BA MA Ph.D. Technical School
How would you rate your intellectual ability?
__________below average __________above average __________average __________superior
Were you ever held back in school? __________No __________Yes
In general, what grades did you make in school? _____F's _____D's ______C's ______B's ______A's
Did you get in trouble at school? __________No __________Yes
Were you ever suspended from school? __________No __________Yes If yes, describe____________
Were you ever told you had learning disabilities or placed in a learning disability, special education, remedial or resource class? __________No __________Yes If yes, which one? ___________________
Did your peers ridicule, tease, or make fun of you more than other kids? __________No __________Yes

RELIGIOUS BELIEFS

Religious preference: ____
Is your religion or lack of religion a problem area in your life? __________No __________Yes
Do the ways you were trained as a child sometimes cause you to feel guilty now?
__________No __________Yes If yes, explain: ____

FINANCES

Family's primary source of income: __________My earning __________Relatives __________Welfare __________Spouse's earnings __________Disability __________Other

Are you under any particular financial stress? __________No __________Yes If yes, briefly explain:____

Have you ever filed bankruptcy? __________No __________Yes

EMPLOYMENT HISTORY

________Employed ________Unemployed ________Retired _______Disabled ______ Never employed

Name of company______________________________________ Job title_________________________

Company address____ Phone___________________

Length of employment ________Hours _________ Week __________ Salary______________________

Are you satisfied with your present job? __________No __________Yes

If no, briefly explain:____

Briefly describe job duties:____

What type of jobs have you performed in the past?____

Length of longest job?____

Have you ever been fired or laid of? __________No __________Yes If yes, describe________________

____

CHILDREN

Do you have children? __________No __________Yes If yes, are any of these children by a previous marriage? Please indicate by placing H for husband's and a W for wife's next to the name of the child.

Name **Sex/Age** **DOB** **School/Grade**

Living in the home

____

____

Do your children have any special problems? __________No __________Yes

_____________ Behavioral _____________ Emotional

_____________ Physical _____________ School

If yes, which child and briefly explain____

Have you or your spouse ever had an abortion, miscarriage, or stillbirth? __________No __________Yes

If yes, briefly explain:____

Have you or your spouse ever been accused of child abuse? __________No __________Yes

If yes, briefly explain:____

RECREATIONAL/LEISURE

What do you do for fun?____

If finding a way to enjoy these activities hard for you? __________No __________Yes If yes, briefly explain:____

Do you belong to any clubs, groups, or organizations? __________No __________Yes

Names: ____

Are there any activities you want to be involved in but don't know how? __________No __________Yes

If yes, briefly explain____

SEXUAL HISTORY

Briefly describe your parent's attitude toward sex____
At what age did you begin dating?___________________________________ At what age did you become sexually active with petting?__________________________ With intercourse? ________________________
Have you ever had any traumatic sexual experience? (Such as sexual molestation, rape, etc.)
___________No ___________Yes If yes, briefly explain:____
Is your present sex life satisfactory? ___________No ___________Yes If no, briefly explain:____

MARITAL HISTORY

___________Single, but involved in intimate relationship ___________Single ___________Married
___________Divorced ___________Separated ___________Widowed

Have you ever been divorced? ___________No ___________Yes If yes, how many times and what were the reasons?____
Length of present marriage___________ Age when married___________ Spouse's age___________

Do you and your spouse differ in attitudes on any of the following?

a.) sexual matters	b.) leisure activities	c.) religion	d.) finances
e.) use of alcohol or drugs	f.) women's role in the family	g.) raising children	h.) infidelity
i.) men's role in family	j.) other____________________	k.) spouse's occupation_______________	

Have you ever been physically, verbally, or sexually abused by your spouse?
___________No ___________Yes If yes, briefly explain:____

SELF ESTEEM

Please complete the following sentences:

I am a person who____
All my life____
Ever since I was a child____
One of the things I feel proud of is____
It's hard for me to admit____
One of the things I can't forgive is____
If I didn't have to worry about my image____
One of the ways people hurt me is____
My mother is____
My father is____
What I needed from my mother and didn't get is____
What I needed from my father and didn't get is____
If I weren't afraid to be myself, I might____
One of the things I'm angry about is____
The bad thing about growing up is____
Is there anything about yourself you would like to change? ___________No ___________Yes
If yes, briefly explain:____
How would you rate your ability to cope with life? ______Very Good ______Good ______Fair _____Poor

How would you describe yourself (Circle ALL that apply):

a.) Quiet	b.) Outgoing	c.) Talkative	d.) Shy	e.) Active
f.) Aggressive	g.) Temperamental	h.) Self-confident	i.) Wild Care-free	j.) Stubborn
k.) Easygoing	l.) Friendly	m.) Smart	n.) Impatient	o.) Responsible
p.) Rebellious	q.) Serious	r.) Unassertive	s.) Worthless	t.) Useless
u.) A nobody	v.) Life is Empty	w.) Inadequate	x.) Stupid	y.) Incompetent

z.) Naïve aa.) Can't do anything right bb.) Guilty cc.) Evil
dd.) Morally wrong ee.) Horrible Thoughts ff.) Hostile gg.) Full of Hate hh.) Anxious
ii.) Agitated jj.) Cowardly kk.) Panicky ll.) Ugly mm.) Deformed
nn.) Unattractive oo.) Repulsive pp.) Depressed qq.) Lonely rr.) Unloved
ss.) Misunderstood tt.) Bored uu.) Restless vv.) Confused ww.) Unconfident
xx.) In Conflict yy.) Full of regrets zz.) Worthwhile a.) Sympathetic b.) Intelligent
c.) Attractive d.) Considerate

MILITARY HISTORY

If you have ever been in the military, circle the branch that applies:
USA, USN, USCG, USMC, USAF, USPHS Length of service________________________
Highest rank_________________ Why did you enlist?__________________
APR or OER Ratings:________________________________ Most Recent____________________________
Job Title:_____________________________ Briefly describe job duties______________________________
____

Have you ever received any disciplinary action including LOC, LOR, Article 15, Court Martial?
Circle all that apply and briefly explain:____
Type of discharge:_____________________ Are you eligible for VA benefits? ________No ________Yes

CURRENT STRESSORS

Do you feel you are under any particular stress? Such as family, marital, financial, relationship, legal, or job stress? __________No __________Yes. If yes, briefly describe:______________________________
____

OBJECTIVE

Age _________ Height _________ Weight _________ Hair Color _________ Eye Color _________

NEUROVEGATIVE SIGNS

Do you ever hear voices or feel people are out to get you? __________No __________Yes
If yes, briefly explain:____
____
Do you have a problem with any of the following? (Circle ALL that apply):
a.) Loss of interest in sex b.) Suicidal attempts c.) Loss of control d.) Weight increase
e.) Decreased energy level f.) Increased energy level g.) Guilt h.) Fatigue
i.) Promiscuity j.) Accidental proneness k.) Gambling or compulsive spending
l.) Change in eating habits m.) Weight loss n.) Lack of concentration o.) Nightmares
p.) Past/present suicidal thoughts

If yes to any of the above, briefly explain:____
____
Have you ever been treated for mental health problems? _____ If yes, where and when? ____________
____

PAST MENTAL HEALTH CARE AND STATUS

Instructions: Please check the boxes that apply

1. I have seen a mental health therapist or counselor before ☐

   If you checked the box above, the years during which I have seen a therapist are___________________________________

2. The reasons I have previously seen a therapist are_________________________
   ____
   ____

3. I have previously taken medication for a psychological problem. ☐

   If you checked the box above indicate when and what the medications are.
   ____
   ____

4. I have been hospitalized for psychological problems. ☐

5. My previous treatment was

   ☐ partially helpful
   ☐ temporarily helpful
   ☐ unhelpful
   ☐ no previous treatment

6. I have been satisfied with all of my prior mental health care. ☐

7. I have had sleeping difficulties in the past:

   from _____/______ to _____/______
   related to____________________________

   from _____/______ to _____/______
   related to____________________________

   from _____/______ to _____/______
   related to____________________________

8. I have felt depressed or especially sad and blue in the past:

   from _____/______ to _____/______
   related to____________________________

   from _____/______ to _____/______
   related to____________________________

   from _____/______ to _____/______
   related to____________________________

9. I have felt especially anxious or tense in the past:

   from _____/______ to _____/______
   related to____________________________

   from _____/______ to _____/______
   related to____________________________

   from _____/______ to _____/______
   related to____________________________

CURRENT MENTAL HEALTH CARE AND STATUS

Instructions: Please check the boxes that apply

1. I am currently seeing a therapist ☐

   If you checked the box above, please provide the therapists name.

   ____

   The reasons I am currently seeking therapy are ________________________________
   ____
   ____

2. I am currently taking medication for a psychological problem ☐

   If you checked the box above, please indicate what medications you take and how often.________________________________
   ____
   ____

3. My moods at the present time are:

   ☐ Happy, cheerful, optimistic
   ☐ Relaxed, calm, peaceful
   ☐ Neutral, bland, apathetic
   ☐ Controlled, un-revealing
   ☐ Worried, anxious, fearful
   ☐ Sad, tearful, pessimistic
   ☐ Sarcastic, irritable, angry
   ☐ Mood swings, changes in mood
   ☐ Other______________________

4. The total number of hours per day or night that I usually sleep ____________________

5. Recently, I have had sleeping difficulties

   ☐ Never, once, or twice
   ☐ Occasionally but not frequently
   ☐ Frequently
   ☐ Almost continuously

6. Difficulties with my sleeping pattern are

	Began about
☐ Insomnia, difficulty falling asleep	___/___
☐ Frequent wakening during the night	___/___
☐ Decreased hours of sleep	___/___
☐ Restlessness, tossing or turning	___/___
☐ Early morning wakening	___/___
☐ Increased hours, sleeping more	___/___
☐ Nightmares or night terrors	___/___
☐ Trouble getting up in the morning	___/___
☐ Other______________________	___/___
☐ None	

7. Recently, I have felt depressed or especially sad or blue.

   ☐ Never, once, or twice
   ☐ Occasionally but not frequently
   ☐ Frequently
   ☐ Almost continuously

8. When depressed or sad, I experience

	Began about
☐ Crying episodes, tearfulness	___/___
☐ Poor appetite	___/___
☐ Decreased interest in activities	___/___
☐ Decreased interest in people	___/___
☐ Decreased interest in sex	___/___
☐ Feelings of guilt	___/___
☐ Decrease in physical energy	___/___
☐ Sleep related problems	___/___
☐ Weight loss or gain	___/___
☐ Irritability, anger	___/___
☐ Other________________________	___/___

9. Recently, I have felt especially anxious or tense.
   ☐ Never, once, or twice
   ☐ Occasionally but not frequently
   ☐ Frequently
   ☐ Almost continuously

10. When anxious or tense I experience

	Began about
☐ Pacing, restlessness, agitation	___/___
☐ Shortness of breath	___/___
☐ Chest pain or heart pounding	___/___
☐ Dizziness or fainting	___/___
☐ Sweating	___/___
☐ Numbness or tingling in hands or feet	__/___
☐ Muscle aches or cramps	___/___
☐ Cold hands	___/___
☐ Stomach or intestinal symptoms	___/___
☐ Dry mouth	___/___
☐ Other______________________	___/___

11. Overall, mental or emotional problems now cause me

	Began about
☐ No distress	___/___
☐ Mild distress	___/___
☐ Moderate distress	___/___
☐ Severe distress	___/___
☐ Extreme distress	___/___
☐ Disabling distress	___/___

12. I have had a psychologically traumatic experience. ☐

If you checked the box above please indicate when and briefly identify___________________

____

____

13. The psychological problem that causes me the most concern currently is__________________

____

____

14. This problem began about _____/_____

15. This problem causes me

	Began about
☐ No distress	___/___
☐ Mild distress	___/___
☐ Moderate distress	___/___
☐ Severe distress	___/___
☐ Extreme distress	___/___
☐ Disabling distress	___/___

16. What I would most like to change about myself is_________________________________

____

____

17. I have been referred or ordered to receive psychological treatment ☐

18. My current motivation for treatment

- ☐ Highly motivated
- ☐ Reasonably motivated
- ☐ Poorly motivated
- ☐ Unmotivated

19. The barriers to my treatment are

- ☐ Attitudes toward therapy
- ☐ Family interference or work interference
- ☐ Health problems
- ☐ Financial or transportation problems
- ☐ Other___________________________

20. Indicate which of the actions, feelings, or thoughts below have been present, bothersome, or distressing within the recent past. Draw a line through any part of an item that is not accurate. Indicate about when the feeling or experience began.

☐ Difficulty making decisions, difficulty deciding what to do. Fear of mistakes or failure, difficulty dealing with things as well as I would like.
Began about ____/____

☐ Bad habits, continue to do something I know could cause a problem, act too quickly, do not think things through like I should.
Began about ____/____

☐ Feeling driven or almost out of control, strong urge to take a risk or to get a need met, gamble, drive fast, shoplift, or to be with someone.
Began about ____/____

☐ Feelings easily hurt, others don't seem to understand me, regret, shame, guilt; feel like I am not a "good" person; like I deserve to be punished.
Began about ____/____

☐ Fearful about myself or others, like something bad is going to happen, premonitions, feelings of dread or foreboding. Began about ____/____

☐ Difficulty trusting others that I know or that I don't know, feel I need to be on guard. Began about ____/____

question 20 cont.

- ☐ Difficulty controlling my mind, feel like my mind is being controlled, loss of control, feelings of unreality, unusual or troubling thoughts. Began about ____/____
- ☐ Language problems such as not being able to remember words, loss of consciousness, loss of memory, amnesia. Began about ____/____
- ☐ Repetitive thoughts, difficulty not thinking about something or someone. Began about ____/____
- ☐ Repetitive behavior such as washing, touching, checking, arranging, or counting, nervous habits such as tapping, hand-wringing, finger rubbing. Began about ____/____
- ☐ Anxiety, worry, apprehension, panic, become terrified or very frightened, intense or irrational fears Began about ____/____
- ☐ Suicidal thoughts, impulse to hurt myself, want to die, thoughts that I would rather be dead than alive. Began about ____/____
- ☐ Not enough friends, loneliness, few people like me or care about me, no one to talk things over with, difficulty getting along, arguing, conflict, irritable with friends.
- ☐ Shyness, self-conscious, uncomfortable when people watch me, uncomfortable with the opposite sex. Began about ____/____
- ☐ Uneasy or nervous in crowds, open places, buses, or when left alone. Began about ____/____
- ☐ Not getting the credit I deserve for what I have accomplished, unfairly treated, being taken advantage of. Began about ____/____
- ☐ Irritability, anger, rage, angry thoughts, or feelings, feel like I want to hurt someone, smash or break things. Began about ____/____
- ☐ Mood swings, emotional roller coaster, feeling ups and downs, moods come "out of nowhere" or sweep over me. Began about ____/____
- ☐ Hot, cold flashes, sweating, chills that are not related to air temperature, vision or balance problems, perceptual distortions, hearing, smelling, seeing, or feeling things that are not real. Began about ____/____
- ☐ Someone has indicated to me that they think I may have some psychological problem or difficulty about which I am not aware or about which I do not agree. Began about ____/____