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PSYCHOSOCIAL HISTORY FORM:

Name: _____ Date of Birth: _____ Age: _____

Address: _____ City/State: _____ Zip: _____

Home Phone: _____ Cell: _____ Work: _____

Briefly describe your reason for seeking help: _____

How did you hear about me? _____

Education/Degrees: _____

Occupation: _____ How long? _____

Place of employment: _____ How long? _____

If not employed, how long has it been since you worked? _____

What kind of job did you have? _____

Marriages/Significant Relationships

To whom	Length of Relationship	Termination of Relationship (if applicable)	Children (if any)
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If married, separated, or living together, briefly describe your relationship:

Age of Spouse: _____ Religion: _____

Education/Degrees: _____

Is he/she currently employed? _____ How long? _____

Parent and Family History

What city/state did you live in growing up? _____

How was the relationship between your parents? _____

Who raised you? _____

Describe their parenting style: _____

What was your relationship like with your parents? _____

Father

Name _____

Current age _____

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

Describe your father: _____

Highest education level attained; _____

Occupation: _____

History of excessive alcohol or drug abuse? ___ 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: _____

History of excessive alcohol or drug abuse? ___ 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? _____

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

Siblings

#1 Name: _____ Sex: Male Female
Age: _____ Occupation: _____ Education level: _____
Married: ___ Yes ___ No Number of divorces: _____
Number of children/ages: _____
History of alcohol or drug abuse? ___ Yes ___ No If yes, explain: _____

Describe past and present relationship: _____

How often do you see this sibling? _____
History of emotional problems (mental illness): ___ Yes ___ No If yes, explain: _____

#2 Name: _____ Sex: Male Female
Age: _____ Occupation: _____ Education level: _____
Married: ___ Yes ___ No Number of divorces: _____
Number of children/ages: _____
History of alcohol or drug abuse? ___ Yes ___ No If yes, explain: _____

Describe past and present relationship: _____

How often do you see this sibling? _____
History of emotional problems (mental illness): ___ Yes ___ No If yes, explain: _____

#3 Name: _____ Sex: Male Female
Age: _____ Occupation: _____ Education level: _____
Married: ___ Yes ___ No Number of divorces: _____
Number of children/ages: _____
History of alcohol or drug abuse? ___ Yes ___ No If yes, explain: _____

Describe past and present relationship: _____

How often do you see this sibling? _____
History of emotional problems (mental illness): ___ Yes ___ No If yes, explain: _____

PERSONAL HISTORY

Significant Events in your life: (i.e., losses, moves, injuries, honors, championships, changes)

Birth to 5: _____

6 to 10 _____

11 to 15 _____

16 to 20 _____

21 to 30

31 to 40

41 to present

Education

Significant events having to do with education: (friends, grades, fears, strengths, weaknesses)

Elementary School: _____

Middle School: _____

High School: _____

College: _____

Degree: _____

Sports or clubs in school: _____

Armed Services:

Were you in the Armed Services? ___ Yes ___ No

Branch _____ Length of time served _____

Type of work: _____

Highest rank achieved: _____

Awards/commendation: _____

Any disciplinary action? _____

Type of discharge: _____

Feelings/thoughts about time in service: _____

Employment History:

Current Employer: _____

Type of Work: _____

Dates of employment: _____

Describe your satisfaction or dissatisfaction with work: _____

How do you get along with boss? _____

How do you get along with other employees? _____

List past employment and time frames: _____

Financial Situation:

How would you describe your financial situation at this time? (circle one)

Terrible Fair Good Excellent

On a scale of 1 to 5 what is the stress level with your financial situation, with 1 being the lowest:

1 2 3 4 5

Physical Health:

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

Poor Fair Good Very good Excellent

Height _____ Weight _____

Name of physician: _____

Last physical exam: _____

List any medical problems: _____

List any past surgeries: _____

Current Medications: _____

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—how often? _____

Are religious issues an area you feel comfortable discussing? ___yes ___no. Please explain:

Mental Health

Have you ever sought help or been treated for psychological or emotional reasons? ___yes ___no

If so, when and where? _____

Was it helpful? _____

Have you ever thought about suicide? ___yes ___no If so, did you have a plan? ___yes ___no

Have you ever attempted suicide? ___yes ___no If so, how many times?

Have you ever engaged in self-harm? ___yes ___no If so, please explain _____

Alcohol and Drug History

Do you feel you have a drug or alcohol problem? ___yes ___no

Have you ever had any previous treatment for drug/alcohol abuse? ___yes ___no

If so, where and when? _____

List all drugs, including alcohol, that you currently use, or have use in the last year (indicate frequency and amount): _____

Legal

Please list and describe any arrests or legal problems: _____

Circle any problem that pertains to you at the present:

Anger	Education	Sexual Problems	Work
Drug Use	Loneliness	Bowel Troubles	Marriage
Fatigue	Ambition	Stomach Problems	Divorce
Friends	My Appearance	Suicidal Thoughts	Future
My thoughts	Parenthood	Finances	Temper
Concentration	Nightmares	Health Problems	Age
Nervousness	Relaxation	Making Decisions	Stress
Self-esteem	Sexual Orientation	Physical Abuse	Anxiety
Separation	Energy	Inferiority	Appetite
Sexual Abuse	Children	Career Choices	Weight
Shyness	Legal Matters	Self Control	Memory
Sleep	Under Eating	Alcohol Use	Over-Eating
Unhappiness	Depression	Headaches	Fears
Panic Attacks	Lack of Purpose	Libido Issues	Paranoia

Circle everything that has happened to you in the past five years:

Death of a spouse/partner	Marriage Problems	Changes in marital status
Death of another family member	Family Problems	Loss or change in job
Major illness or injury—yourself	Financial Problems	Move to another city/state
Major illness or injury—loved one	Legal Issues	Other: _____

Please explain any additional information that you may feel helpful: _____
