

# Harmony Heals, Inc.



## Psychosocial Assessment

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Therapist: \_\_\_\_\_

**Please answer the following questions as fully as possible.**

**Present Problem:** (in recent months I have worried a lot about: circle all that apply)

Marital issues    Health issues    Job issues    Financial issues    Parent/Child issues

Addictions    Issues of past (guilt, abuse, neglect, family of origin, etc)

Other \_\_\_\_\_

**Symptoms:** (please circle all that apply)

Change in sleep patterns    Decreased concentration    Change in appetite

Increased anxiety    Decreased energy    Suicidal feelings/thoughts    Decreased motivation

Other \_\_\_\_\_

**Suicidal/Homicidal Ideation:**

Have you ever attempted to commit suicide or homicide in the past? \_\_\_\_\_

If yes, how? \_\_\_\_\_

Is there a history of suicide in your nuclear or extended family? \_\_\_\_\_

Have you ever inflicted burns or wounds to yourself? \_\_\_\_\_

Are you presently suicidal or homicidal? \_\_\_\_\_

**Psychosocial Stressors:** (please circle all that apply)

Family    Health    Disruption in lifestyle    Job    Significant other

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Death          Births          Divorce          Marriage          Moving

Other \_\_\_\_\_

## **Psychiatric History**

Please list any previous outpatient counseling experiences.

Place \_\_\_\_\_ Reason \_\_\_\_\_

Length of time \_\_\_\_\_ Dates \_\_\_\_\_

Place \_\_\_\_\_ Reason \_\_\_\_\_

Length of time \_\_\_\_\_ Dates \_\_\_\_\_

Have you ever been admitted to the hospital for mental health or addiction issues? \_\_\_\_\_

Place \_\_\_\_\_ Reason \_\_\_\_\_

Length of time \_\_\_\_\_ Dates \_\_\_\_\_

Name of current psychiatrist \_\_\_\_\_

List all medications you have taken *in the past* for anxiety, depression, and/or sleep:

\_\_\_\_\_

## **Medical Information**

Describe any current medical condition \_\_\_\_\_

Are you currently on any medication \_\_\_\_\_ Please list the name of the medication, the dosage, the frequency and the prescribing physician \_\_\_\_\_

\_\_\_\_\_

Are you currently taking any herbs or vitamins? \_\_\_\_\_ Please list \_\_\_\_\_

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Has it been more than a year since your last physical exam including blood tests? \_\_\_\_\_

Have you ever had an abortion? \_\_\_\_\_

Do you have any allergies? \_\_\_\_\_

Please list any previous health problems, operative procedures, and medical hospitalizations \_\_\_\_\_

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## **Substance Abuse History**

Describe your current usage, or usage within the past year of alcohol, caffeine, tobacco, pornography, gambling, and prescription pain medication (please list the substance, the amount, the frequency, the age of first use, the age regular use started, and the date of last use) \_\_\_\_\_

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Have you experienced a recent increase in the use of alcohol and/or other substances? \_\_\_\_\_

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Do you see your current usage as a problem? \_\_\_\_\_

Please describe any previous experience with drugs or alcohol \_\_\_\_\_

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Describe any significant family history of substance abuse \_\_\_\_\_

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## **Nutrition**

Have your eating habits changed recently? Yes No If yes, please describe \_\_\_\_\_

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Has your weight fluctuated more than +/- 10-lbs. over the previous year? Yes No

Do you often eat out of depression, boredom, and anger? Yes No If yes, please describe \_\_\_\_\_

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Do you ever self-induce vomiting? Yes No

How do you feel about eating with others in a group? \_\_\_\_\_

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Do you ever binge eat or feel your eating is out of control? Yes No If yes, please describe \_\_\_\_\_

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If you use laxatives, water pills or diet medications, how often do you use them? \_\_\_\_\_

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## **Legal History** (please explain all that apply)

Charges as a minor \_\_\_\_\_

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Charges presently \_\_\_\_\_

Arrests (how many) \_\_\_\_\_

Incarcerations \_\_\_\_\_

Parole \_\_\_\_\_

Convictions (how many) \_\_\_\_\_

Probation \_\_\_\_\_

Bankruptcy \_\_\_\_\_

Civil suits \_\_\_\_\_

Child custody problems \_\_\_\_\_

## **Developmental History**

List members of your family that you grew up with and how you got along with each one \_\_\_\_\_

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What was your birth order? \_\_\_\_\_ Number of children in the family \_\_\_\_\_

Who primarily raised you? \_\_\_\_\_

How would you describe your childhood? Traumatic Painful Uneventful

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What were you like as a child? (include friends, school, hobbies, personality, etc) \_\_\_\_\_

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Were there any unusual or traumatic experiences for you as a child? (please list the age the events occurred) \_\_\_\_\_

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What is your sexual orientation?   Heterosexual   Homosexual   Bisexual

## **Support System**

Who can you count on for support?

Parents   Spouse   Siblings   Employer   Church Pastor   Therapist   Neighbor

Extended Family   Close Friend   Self-Help Group   Community Services   Co-Worker   Medical Dr.

Who are you currently living with? \_\_\_\_\_

## **Financial Situation**

Describe briefly your financial situation \_\_\_\_\_

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**Marital History** (if applicable)

What was the date of your current marriage? \_\_\_\_\_

Name and age of spouse \_\_\_\_\_

Previous marriage? Y N If yes, date of divorce \_\_\_\_\_

Any children from this marriage \_\_\_\_\_

What is your perception of your current marriage (include communication patterns, problems, sexual relations, etc) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please list the names, ages, and the custodial parent of each of your children. How do you get along with each one? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Religious/Cultural Factors**

Please list any issues that are important or may have affected you in regard to religion or ethnic/cultural background.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is your religious background? \_\_\_\_\_

Do you currently attend church, synagogue, or mosque? Y N If yes, list which you attend? \_\_\_\_\_

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## **Work History**

Describe your current job/career \_\_\_\_\_

\_\_\_\_\_

Would you enjoy doing this job on a long-term basis? \_\_\_\_\_

If you could have any job/career, what would you choose? \_\_\_\_\_

Why would you choose this? \_\_\_\_\_

How do you deal with authority figures? \_\_\_\_\_

Describe your relationship with co-workers \_\_\_\_\_

Describe your job performance \_\_\_\_\_

Have you ever been fired? Y N If yes, explain \_\_\_\_\_

\_\_\_\_\_

How many jobs have you held in the previous five years? \_\_\_\_\_

Were you ever in the military? \_\_\_\_\_

## **Educational History**

Highest level achieved \_\_\_\_\_ What types of grades did you make? \_\_\_\_\_

Are you currently in school? Y N If yes, what level? \_\_\_\_\_

Family

Would it be beneficial for any members of your family to be involved in your treatment? Y N If yes, please explain \_\_\_\_\_

\_\_\_\_\_

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Is there anything else you feel we need to know about you? Y N If yes, please explain \_\_\_\_\_

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## **Mental Status Exam**

Appearance \_\_\_\_\_

Attitude \_\_\_\_\_

Memory \_\_\_\_\_

Speech \_\_\_\_\_

Thought Process \_\_\_\_\_

Thought Content \_\_\_\_\_

Orientation \_\_\_\_\_

Mood \_\_\_\_\_

Abstraction \_\_\_\_\_

Judgment \_\_\_\_\_

Insight \_\_\_\_\_

Affect \_\_\_\_\_

Impulse Control \_\_\_\_\_

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## **Tentative Diagnosis (5 Axis)**

**Axis I:** Clinical disorders – other conditions that may be a focus of clinical attention

Diagnostic Code:

DSM-IV Name:

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**Axis II:** Personality Disorders & Mental Retardation

Diagnostic Code:

DSM-IV Name:

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**Axis III:** General Medical Conditions

ICD-9-CM-Code:

ICD-9-CM Name:

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**Axis IV:** Psychosocial & Environmental Problems

*Check:*

\_\_\_\_\_ Problems with primary support group. *Specify:* \_\_\_\_\_

\_\_\_\_\_ Problems related to the social environment. *Specify:* \_\_\_\_\_

\_\_\_\_\_ Educational problems. *Specify:* \_\_\_\_\_

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\_\_\_\_\_ Occupational problems. *Specify:* \_\_\_\_\_

\_\_\_\_\_ Housing problems. *Specify:* \_\_\_\_\_

\_\_\_\_\_ Economic problems. *Specify:* \_\_\_\_\_

\_\_\_\_\_ Problems with access to health care services. *Specify:* \_\_\_\_\_

\_\_\_\_\_ Problems related to interaction with legal system and/or criminal behavior. *Specify:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Other psychosocial and environmental problems that cause distress. *Specify:* \_\_\_\_\_

\_\_\_\_\_

## **Axis V:** Global Assessment of Functioning Scale

Score: \_\_\_\_\_

Time Frame: \_\_\_\_\_

\_\_\_\_\_  
Intake Therapist

\_\_\_\_\_  
Supervisor

\_\_\_\_\_  
Date