

SOCIAL HISTORY

Please complete as much of this form as you feel comfortable. Your counselor will use this background information to help guide you in achieving your counseling goals. This form becomes a part of your confidential patient record.

CLIENT NAME _____ **DATE** ____/____/____

Describe the circumstances that have contributed to your desire for counseling:

What do you hope to achieve by participating in counseling?

List the people who currently live in your home:

Name	Age	Relation	Describe the current condition of your relationship with this person

What is your current living situation?

FAMILY OF ORIGIN/CULTURAL

What was the socioeconomic status of your family of origin?

Lower Class Middle Class Upper-Middle Class Upper Class

In what way do you believe this status affected you?

Were your parents divorced? yes no *If yes, your age at divorce* _____

Did they remarry? yes no; *If yes, how old were you when they remarried* _____

Describe your relationship with your stepparent(s) if applicable:

Father living yes no; *If deceased*, _____ year

Describe your best memory of your father:

What has been disappointing about your relationship with your father:

What has been fulfilling about your relationship with your father:

If you could change anything about your relationship with your father, what would that be:

Mother living yes no; *If deceased*, _____ year

Describe your best memory of your mother:

What has been disappointing about your relationship with your mother:

What has been fulfilling about your relationship with your mother:

If you could change anything about your relationship with your mother, what would that be:

Describe your most hurtful childhood memory:

List your siblings in order of birth, include yourself, put an (*) by the names of any that are step or half (if more space is needed please use the back of the page):

Sibling Name	brother / sister	Age	Describe your current relationship with this sibling

If a sibling was favored over others in your family, please describe and also note your current relationship with that sibling:

DEVELOPMENTAL

Describe any emotional or physical problems you had during your childhood and adolescence:

What were you like as a teenager (interests, dating, sports)?

Check the highest level of education you have obtained:

- | | | |
|--|--|--|
| <input type="checkbox"/> GED | <input type="checkbox"/> Bachelor's Degree | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> High School | <input type="checkbox"/> Some College | <input type="checkbox"/> Doctoral Degree |
| <input type="checkbox"/> Vocational School | <input type="checkbox"/> Technical School | |

List any learning difficulties you have?

MARITAL STATUS

- Not Married Engaged Married Separated Widowed Divorced

Describe the history of your relationship:

Check any that apply to your current relationship:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Physical Abuse | <input type="checkbox"/> Lack of Trust | <input type="checkbox"/> Poor Communication | <input type="checkbox"/> Lack of Respect |
| <input type="checkbox"/> Pornography | <input type="checkbox"/> Financial Problems | <input type="checkbox"/> Conflict/Arguing | <input type="checkbox"/> No Longer in Love |
| <input type="checkbox"/> Infidelity | <input type="checkbox"/> Lack of Commitment | <input type="checkbox"/> Anger/Resentment | |
| <input type="checkbox"/> Lack of Intimacy | <input type="checkbox"/> Drugs/Alcohol | | |

List any previous marriage(s) in chronological order (if more space is needed please continue on back of page):

Ex-Spouse	Age when married	Age when divorced	Reason for divorce	Describe your current relationship with ex-spouse

List children from previous relationship(s) (if more space is needed please continue on back of page).

Name	Sex M/F	Age	Custody Status (if applicable)	Describe your current relationship with this child

MEDICAL

Describe any family history of psychiatric, emotional, drug or alcohol treatment or other problems:

List any history of physical illness, injury or condition in your family:

Describe any history of psychiatric, emotional, drug or alcohol treatment or other problems in your present family:

Have you ever had an abortion? yes no # of abortions_____ Date(s) _____

Your age at time of abortion _____ Have you received post-abortion counseling yes no

If male, are you aware of an abortion conducted as a result of your pregnancy?

yes no # of abortions _____ Date(s) _____ Your age at the time _____

Is your partner aware that this occurred? yes no Please explain: _____

Have you or your partner ever had a miscarriage? yes no # of miscarriages _____ Date(s)

Have you ever had an eating disorder? yes no; If yes, please check Anorexia Bulimia

SEXUALITY

Describe your earliest teaching about sex and sexuality:

Describe your current attitude about sex :

List any history of homosexual involvement, including ages:

Have you ever been sexually abused? yes no

If yes, your age at the time(s) of the abuse(s) _____ /age(s) of the abuser(s) _____

Were adults aware of the abuse, please explain _____

Have you ever been sexually abusive to others? yes no

If yes, your age at the time(s) of the abuse(s) ____ /age of the victim(s) _____

Have you ever been raped? yes no *If yes, what was your age _____*

Have you received counseling? yes no; *If yes, what was the outcome: _____*

Do you view internet/other pornography yes no; *If yes, how often _____*

Is your partner aware of your involvement in this activity? yes no

How concerned are you about your pornography habits, please explain: _____

Are you currently or have you previously had gender identity concerns: yes no

If yes, please explain;

List any history of homosexual involvement, including age:

RELIGIOUS AFFILIATION

Describe the role God had in the home in which you grew up:

In what church were you primarily involved? _____ Currently, what church, if any, are you involved in and to what extent? _____

Describe your view of God:

RELIGIOUS AFFILIATION-Continued

How does God currently play a part in your life?

What do you consider God's role to be in counseling?

LEGAL

Have you ever been arrested? yes no; *If yes, explain charges:*

Date of arrest _____ Outcome/Status of arrest _____

Have you ever been convicted of a felon yes no; *If yes, please explain:*

Are you on probation? yes no; *If yes, when does it end?* _____

Name and phone # of your Probation Officer _____

ALCOHOL/DRUGS/GAMBLING

Do you drink alcoholic beverages? yes no; *If yes, how often?* _____

Are you concerned about your drinking habits? yes no

Are others close to you concerned about your drinking habits? yes no;

If yes, please explain:

Do you use illegal drugs? yes no; *If yes; how often* _____

Are you concerned about your drug habits? yes no

Are others concerned about your drug habits? yes no;

If yes, please explain:

Do you engage in gambling? yes no; *If yes; how often and what type*_____

Are you concerned about your gambling habits? yes no Are others concerned? yes no;

If yes, please explain: