

PSYCHOSOCIAL HISTORY

Name:
Age:
DOB:
Marital Status:
Race/Ethnicity:
Referred by:

DEVELOPMENTAL HISTORY:

Birthplace:
Brothers:
Sisters:
Birth Order:
Parents Married? No Yes
Problems with mother's pregnancy, labor, or delivery? No Yes Explain:
Medications/ alcohol/drugs during mother's pregnancy? No Yes Specify:
Unusual illnesses, hospitalizations, or medical problems as a child? No Yes Explain:
Problems with any of the following while growing up?
Hearing: No Yes Explain:
Speaking: No Yes Explain:
Stuttering: No Yes Explain:
Reading: No Yes Explain:
Writing: No Yes Explain:
Spelling: No Yes Explain:
Arithmetic: No Yes Explain:
Strength/ Coordination: No Yes Explain:
Behavior/ Conduct: No Yes Explain:
Hurting animals: No Yes Explain:
Hyperactivity: No Yes Explain:
Attention deficit: No Yes Explain:
Learning disability: No Yes Explain:
Other: Explain:
Language first learned:
If not English, what age was English learned:
Language spoken while growing up:
Language in which most fluent at present:

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PARENTS:

Father:

Present age/ Date and age at death:

Education:

Occupation:

Mother:

Present age/ Date and age at death:

Education:

Occupation:

Quality of parent's marriage while growing up:

Quality of parent's marriage now:

How long married:

Prior marriages for either:

Either parent have a history of any of the following:

Medical problems: No Yes Explain:

Psychiatric problems: No Yes Explain:

Sexual/ physical abuse, neglect: No Yes Explain:

Alcohol or drug problems: No Yes Explain:

Legal or criminal problems: No Yes Explain:

Learning disability: No Yes Explain:

Attention deficit: No Yes Explain:

Quality of relationship with parents while growing up:

Quality of relationship with parents now:

SIBLINGS:

Age, sex, marital status, # children, education, occupation for each sibling:

Any siblings have history of any of the following:

Medical problems: No Yes Explain:

Psychiatric problems: No Yes Explain:

Sexual/ physical abuse, neglect: No Yes Explain:

Alcohol or drug problems: No Yes Explain:

Legal or criminal problems: No Yes Explain:

Learning disability: No Yes Explain:

Attention deficit: No Yes Explain:

Quality of relationship with siblings while growing up:

Quality of relationship with siblings now:

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OTHER FAMILY:

Quality of family relationships when growing up: Good Poor Explain:

Family problems:

Extended family members with problems: No Yes Explain:

Places family lived and reasons for moving:

EDUCATION:

Highest grade/ degree completed:

Grades obtained:

Awards/ Honors:

Ever expelled/ suspended: No Yes Explain:

Reason for leaving school:

Vocational, technical, or nonacademic training:

OCCUPATION:

List in order all major jobs to the present. Indicate dates, position, responsibilities, any promotions, relationship with bosses and coworkers, and reasons for leaving:

PARTNER/ MARITAL HISTORY:

Presently in a committed relationship: No Yes Explain:

Legally married No Yes Explain:

Since when?

Partner's age:

Partner's education:

Partner's occupation:

Does current partner have a history of:

Medical problems: No Yes Explain:

Psychiatric problems: No Yes Explain:

Sexual/ physical abuse, neglect: No Yes Explain:

Alcohol or drug problems: No Yes Explain:

Legal or criminal problems: No Yes Explain:

Quality of relationship with partner: Good Poor Explain:

Partner's previous partnerships/ marriages/ children:

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Did previous partners have a history of:

- Medical problems: No Yes Explain:
Psychiatric problems: No Yes Explain:
Sexual/ physical abuse, neglect: No Yes Explain:
Alcohol or drug problems: No Yes Explain:
Legal or criminal problems: No Yes Explain:
Quality of relationship with previous partner: Good Poor Explain:

CHILDREN:

List age, sex, marital status, #children, and occupation for each child:

Do any children have a history of:

- Medical problems: No Yes Explain:
Psychiatric problems: No Yes Explain:
Sexual/ physical abuse, neglect: No Yes Explain:
Alcohol or drug problems: No Yes Explain:
Legal or criminal problems: No Yes Explain:
Quality of relationship with children while growing up: Good Poor Explain:
Quality of relationship with children now: Good Poor Explain:
Quality of family relationships: Good Poor Explain:
Family problems:
Places family lived and reasons for moving:

PSYCHIATRIC HISTORY (SELF- NOW AND GROWING UP):

- Psychiatric/ Psychological problems: No Yes Explain:
Mood: No Yes Explain:
Anxiety: No Yes Explain:
Sexual functioning: No Yes Explain:
Sleep: No Yes Explain:
Appetite: No Yes Explain:
Traumatic events: No Yes Explain:
Sexual/Emotional/Physical abuse or neglect: No Yes Explain:
Psychiatric/ Psychological treatment: No Yes Explain:
Hospitalizations/ Outpatient psychotherapy: No Yes Explain:
Medications: No Yes Explain:
Suicidal ideation/ attempts: No Yes Explain:
Homicidal ideation/ attempts: No Yes Explain:

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SUBSTANCE USE:

Please list amount and frequency of use of each of the following:

- Alcohol: No Yes Explain:
Tobacco: No Yes Explain:
Caffeine: No Yes Explain:
Heroin: No Yes Explain:
Cocaine/ Crack: No Yes Explain:
Methamphetamines: No Yes Explain:
Hallucinogens: No Yes Explain:
Prescription Drugs: No Yes Explain:
History of driving under the influence: No Yes Explain:

LEGAL/ CRIMINAL PROBLEMS:

- Arrest history: No Yes Explain:
Criminal offenses: No Yes Explain:
Jail time served: No Yes Explain:
Convictions: No Yes Explain:
Civil suits: No Yes Explain:
Worker's Comp claims/suits: No Yes Explain:
Illegal things, but never caught: No Yes Explain:

SPIRITUALITY/ RELIGION:

- Is spirituality or religion important to you: No Yes Explain:
If yes, what religion or method of spirituality do you practice:

CURRENT STRESSES:

- Death of loss of someone close: No Yes Explain:
Divorce/ Break up: No Yes Explain:
Problems with partner: No Yes Explain:
Personal injury/illness: No Yes Explain:
Job termination: No Yes Explain:
New job: No Yes Explain:
Problems at work: No Yes Explain:
Retirement: No Yes Explain:
Health problems of family/friends: No Yes Explain:
Financial problems: No Yes Explain:
Business problems: No Yes Explain:
Conflicts with others: No Yes Explain:
Academic problems: No Yes Explain:
Other stresses: No Yes Explain:

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MEDICAL HISTORY:

- Hospitalizations: No Yes Explain:
Medical diagnoses: No Yes Explain:
Stroke: No Yes Explain:
Head trauma/concussion: No Yes Explain:
Loss of consciousness: No Yes Explain:
Respiratory problems:
GI problems: No Yes Explain:
Vascular problems: No Yes Explain:
Endocrine problems (e.g. thyroid): No Yes Explain:
Diabetes: No Yes Explain:
Hypoglycemia: No Yes Explain:
Anoxia/hypoxia/cardiac-respiratory arrest: No Yes Explain:
Toxic exposure: No Yes Explain:
Hypertension: No Yes Explain:
Surgery: No Yes Explain:
Injuries: No Yes Explain:
Post-traumatic amnesia: No Yes Explain:
Seizure disorder: No Yes Explain:
Past medications: No Yes Explain:
Present medications: No Yes Explain:

Anything else I didn't ask that is important for me to know?

Please don't hesitate to ask Lisa about any questions about the therapy process or any other related matter.

Signature _____ Date _____