(Community Behavioral Services) **SOCIAL HISTORY FORM**

CLIENT NAME: _____ **DOB:** _____

DEVELOPMENTAL/FAMILY HISTORY:

Where were you born? _____

Do you have any brothers? #_____ Sisters #_____? Where do you fall in the birth order? _____

Were your parents together while you were growing up? Yes ☐ No ☐

If no, how old were you when your parents separated? _____

Who raised you? _____

Were there stepparents or significant others living in the home? _____

What was the relationship like between you and other family members?_____

Was there anything unusual about your early developmental years? (Walking, talking, etc)…Yes ☐ No ☐

If so please explain _____

Were you ever the victim of physical abuse? Yes ☐ No ☐

Were you ever the victim of sexual abuse? Yes ☐ No ☐

Were you ever the victim of emotional abuse? Yes ☐ No ☐

Were there any other traumatic experiences in your early life? Yes ☐ No ☐

If so please explain _____

How did your caretakers discipline you? _____

Was it effective? Yes ☐ No ☐

Did you ever witness violence in your home? Yes ☐ No ☐

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SOCIAL HISTORY FORM

ACADEMIC FUNCTIONING:

How far did you go in school? _____ Did you attend college? Yes ☐ No ☐

How would you describe your grades? Below average ☐; Average ☐; Above Average ☐

Did you drop out of school? Yes ☐ No ☐ If yes, how old were you when you dropped out? _____

If yes, explain why you dropped out?

_____

Were you ever held back any years, or placed in any special classes or programs? Yes ☐ No ☐

Did you have any behavioral problems in the school setting (i.e. fights, suspensions, referrals, etc)? Yes ☐ No ☐

How many fights did you get into during your high school years? _____

Was it easy for you to make friends during your school years? Yes ☐ No ☐

Did you maintain friendships for long periods of time? Yes ☐ No ☐

How did you spend most of your time? With others ☐ Alone ☐

Were you involved in any clubs, sports or other out of school structured activities? Yes ☐ No ☐
Please explain _____

Did you ever run away from home? Yes ☐ No ☐
Were you ever arrested during your school years Yes ☐ No ☐
Did you use any drugs or alcohol during your school years Yes ☐ No ☐

How was your behavior at home during your school years? _____

How would your parents describe your behavior during those years?

_____

Were there any unusual or traumatic events, which occurred during this period in your life? Yes ☐ No ☐

PleaseExplain:_____

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SOCIAL HISTORY FORM

OCCUPATIONAL FUNCTIONING:

Where are you currently employed? _____

How long have you been in this position? _____

Have you ever had periods of unemployment lasting longer than a few weeks? Yes ☐ No ☐

Have you had any difficulties maintaining steady employment? Yes ☐ No ☐

List all of the jobs you have held during the past 5 years and how long you worked at each place.

_____

_____

_____

_____

_____

What is the longest period of time spent on one job? _____

Have you ever been fired from a job? Yes ☐ No ☐

If yes please explain

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Have you had any behavioral difficulties in the job setting such as getting along with bosses or co-workers?

Yes ☐ No ☐

Have you ever been in the military? Yes ☐ No ☐

Branch and length of service? _____

Were there ever any disciplinary actions against you while in the military? Yes ☐ No ☐

What type of charge did you receive? _____

Do you have a service-connected disability Yes ☐ No ☐ Explain: _____

Have you ever failed to meet any of your finical obligations, such as loans, child support, bills, etc? Yes ☐ No ☐

If yes please explain:_____

NOTES:

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SOCIAL HISTORY FORM

MARITAL HISTORY:

How many times have you been married? _____

How many times have you been involved in a live-in relationship lasting more than one year? _____

List the dates and duration of each marriage (or live-in relationship), the names and ages of any children born and the reason for the end of each marriage.

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Was there ever any domestic violence during the course of your relationships? Yes ☐ No ☐

If yes, please explain:_____

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Were you faithful during the course of your most recent relationship? Yes ☐ No ☐

Do you have custody of your children? Yes ☐ No ☐

If not, do you have regular visitation with the children? Yes ☐ No ☐

Did you or do you pay child support? Yes ☐ No ☐

Have you ever been behind in child support payments? Yes ☐ No ☐

Have you ever been accused of abusing or neglecting any child? Yes ☐ No ☐

If yes, please explain:

_____

How would you describe your relationship with your children? Good ☐ Fair ☐ Poor ☐

How do you discipline your children?

_____

_____

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NOTES:

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SOCIAL HISTORY FORM

CURRENT CIRCUMSTANCES:

With whom do you currently live? _____

List the name, age and relationship of all individuals living in the household

_____

_____

_____

_____

Do you have any strong religious affiliations? Yes ☐ No ☐

Are you involved in any clubs, organizations, gangs, etc? Yes ☐ No ☐

If yes please explain: _____

How do you spend most of your time? With other people ☐ Alone ☐

Is it difficult for you to make friends? Yes ☐ No ☐

Are you anxious around new people or large crowds? Yes ☐ No ☐

Do you maintain friendships for long periods of time? Yes ☐ No ☐

Have any of friendships ended in anger or violence? Yes ☐ No ☐

What types of activities do you typically engage in with friends? _____

What is the age range of most of your friends? Same age ☐ Older ☐ Younger ☐

Do you believe you have difficulties with your temper (anger)? Yes ☐ No ☐

Would other agree with your opinion on this issue? Yes ☐ No ☐

What types of things make you angry? _____

When you get angry how do you handle it? _____

_____

Do you own or have access to any weapons? Yes ☐ No ☐

If yes, where are they?

_____

How would your friends describe your personality?

_____

NOTES:

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DRUGS AND ALCOHOL:

How often do you consume alcohol and how much do you drink on each occasion?

_____

List all drugs that you use and indicate the frequency and quantity of all used (do not include over the counter and prescribed medications): _____

_____

What is the most you have drunk on one occasion? _____
When was the last time you drank alcohol? _____
When was the last time that you used any illegal drugs? _____

Have you noticed that you needed increased amounts of drugs or alcohol to achieve the same high? Yes ☐ No ☐
Have you noticed drugs or alcohol having less of an effect on you if you continue to use the same amount?
Yes ☐ No ☐
If you refrain from drugs and alcohol or are unable to obtain them do you experience any withdrawal symptoms? Yes ☐ No ☐
Have you ever used drugs and alcohol in larger amounts or over a longer period of time that was intended?
Yes ☐ No ☐

Do you experience cravings or persistent desire for drugs or alcohol? Yes ☐ No ☐

Have your efforts to cut down or control your drug or alcohol use been unsuccessful? Yes ☐ No ☐

Do you spend a great deal of time in activities necessary to obtain drugs or alcohol? Yes ☐ No ☐.

Have you ever given up activities or involvements because of your use of drugs and alcohol? Yes ☐ No ☐

Have you continued using drugs and alcohol despite knowing that it is causing problems for you? Yes ☐ No ☐
How old were you the first time you used alcohol? _____
How old were you the first time you used illegal drugs? _____
List all street drugs you have used in the past? _____

_____

Describe your consumption of drugs and alcohol at the point in your life when you were using the heaviest:

_____

How old were you during this period in your life? _____

Have you ever received any drug or alcohol related arrests? Yes ☐ No ☐

Have you ever experienced any substance-induced blackouts? Yes ☐ No ☐

Have you ever been treated for drug or alcohol problems? Yes ☐ No
If yes, please describe _____

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SOCIAL HISTORY FORM

MEDICAL HISTORY

List and describe all medical conditions you are currently being treated for:

List all medications and dosage (including over the counter) that you are currently taking:

List any head injuries or surgeries that you have had:

NOTES:

SOCIAL HISTORY FORM

PSYCHIATRIC HISTORY:

Have you ever received counseling or psychiatric care? Yes ☐ No ☐

If yes, how old were you the first time you received care?

_____

List all treatment (inpatient and outpatient) in chronological order along with the reason for the treatment and whether the treatment was helpful:

_____
_____
_____
_____
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_____
_____
_____

What conditions were you diagnosed as suffering from: _____

Have you ever taken any medications for an emotional or psychiatric conditions? Yes ☐ No ☐

If yes, list any medications that you have taken in the past, as well as any current medications and dosage

PAST: _____
_____
_____
_____

PRESENT: _____
_____
_____

Is there any history of mental illness in your family (biological relatives)? Yes ☐ No ☐
If so, please provide details: _____

NOTES:

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LEGAL HISTORY:

List all criminal charges, the disposition of the case and any time served (include juvenile arrests)

_____

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Do you currently have charges pending against you? Yes ☐ No ☐
Describe all civil lawsuits that you have been involved in: _____

_____

ANGER MANAGEMENT:

How often do you get angry (daily, weekly, etc)? _____
How long do you stay angry toward someone? _____
When you are angry, is your behavior a problem? _____

Do you ever throw things or hit things when you are angry? Yes ☐ No ☐

Do you yell or scream when you are angry? Yes ☐ No ☐
What do you do to calm yourself when you are angry? _____

Have you ever felt so angry that you thought of hurting or killing yourself or someone else? Yes ☐ No ☐

If yes then please describe:

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NOTES:

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Community Behavioral Services

Problem Checklist

Name:_____ **Date:**_____ **Age:**_____

Place a check mark by any of the following difficulties that you have experienced during ***the past 6 month***

- ❑ Depressed mood.
- ❑ Periods of excessive sadness.
- ❑ Mood swings.
- ❑ Periods of feeling too good, or too energetic.
- ❑ Loss of energy.
- ❑ Too much energy.
- ❑ Times you are feeling so good, high, or excited, that other people thought that you were not your normal self or that you got into trouble.
- ❑ Periods when you were so irritable that you found yourself shouting at people, starting fights, or arguments.
- ❑ Increased need for sleep.
- ❑ Decreased need for sleep.
- ❑ Difficulties in attention or concentration/ being easily distracted.
- ❑ Racing thoughts.
- ❑ Increased agitation or irritability.
- ❑ Feeling anxious or nervous a great deal of the time.
- ❑ Feeling scared a lot of the time.
- ❑ Phobias or fears which have interfered in your ability to live a normal life.
- ❑ Periods of panic.
- ❑ Pain for which there is no physical cause.
- ❑ Physical difficulties for which your physician reports there is no cause.
- ❑ Excessive worry or stress.
- ❑ Sleep disturbance.
- ❑ Nightmares.
- ❑ Loss of job.
- ❑ Difficulties in your relationships with people.
- ❑ Periods of isolation.
- ❑ Academic or learning difficulties.
- ❑ Behavioral problems at home or at school.
- ❑ Hyperactivity/ impulsively.
- ❑ Stealing, lying, hurting others.
- ❑ Actions or behaviors that you feel compelled to do, over and over again, that you have been unable to resist doing.
- ❑ Any behavior you have been unable to control or stop.
- ❑ Uncontrollable urges to commit inappropriate acts such as stealing, setting fires, fighting, etc.
- ❑ Low self-esteem.
- ❑ Failure to comply with recommended medical or psychological treatment.
- ❑ Abuse or neglect of a child.
- ❑ Domestic violence.
- ❑ Abuse or neglect of an elderly person.
- ❑ Marital difficulties.
- ❑ A serious loss or trauma.
- ❑ Problems with alcohol use.
- ❑ Problems with drug use.
- ❑ Appetite disturbances.

- ❑ Excessive weight loss.
- ❑ Inability to maintain your normal weight.
- ❑ The use of purging or medications to control your weight.
- ❑ Decreased sexual desire.
- ❑ Difficulty in sexual performance.
- ❑ Unusual or disturbing sexual interests or fantasies.
- ❑ Memory loss.
- ❑ Blackouts.
- ❑ Periods of time which are unaccounted for, or you cannot recall what happened.
- ❑ Being bothered by unpleasant thoughts that do not make sense and keep coming back even when you try ro control them.
- ❑ Reliving past traumatic experiences through nightmares or flashbacks.
- ❑ Weighing less than others thought you should.
- ❑ Being excessively afraid of becoming fat.
- ❑ Periods of binge eating (eating excessive amounts of food in short periods of time.)
- ❑ Being afraid of being around people.
- ❑ Missing school or work because of drug or alcohol use.
- ❑ A feeling that people are taking a special notice of you.
- ❑ Receiving special messages from television, newspaper, or other unusual means.
- ❑ Feeling that people are trying to hurt you or give you a hard time.
- ❑ Feeling that either you or other people have special powers.
- ❑ Feeling that someone or something outside of yourself is controlling your thoughts or actions.
- ❑ Having thoughts that were not your own or were being put into your head.
- ❑ Seeing things that other people could not see.
- ❑ Having strange sensations in your body or skin.
- ❑ Smelling things that other people could not smell.
- ❑ Hearing voices that other people could not hear.
- ❑ Outburst of anger or violence.
- ❑ Being forewarned/ known that something would happen before it did.
- ❑ Feeling of hopelessness.
- ❑ Things happened which have special meanings only for you.
- ❑ Being in a place and having no recall of how you got there.
- ❑ Greeted by people who call you by another name and seem to know you.
- ❑ Feeling detached or separated from yourself.
- ❑ Being so involved in a daydream you couldn't tell if it was real or not.
- ❑ Thoughts of suicide.
- ❑ Thoughts of killing others.
- ❑ Bizarre or unusual experiences that you cannot explain.
- ❑ Visions.
- ❑ Head injury.
- ❑ Being arrested.
- ❑ Medical problems.
- ❑ Other: _____

_____