Example of a Psychosocial Assessment

Name: ____
Gender: __________________ Date of Birth: _____/______/_______
Marital Status ______________ Race/Ethnicity: __________________________
Languages Spoken: ____

Chief Complaint:
____

History of Present Illness:
____
____
____

Past Psychiatric/Psychological History:
____
____
____
____
____
____
____

Past Medical History:
____
____
____
____
____

Past Surgical History:
____
____
____
____
____

Allergies: ____

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Current Medication List

Medication	*Dose*	*Frequency*	*Prescriber*	*Reason*

Past Medication List

Medication	*Dose*	*Frequency*	*Reason Started*	*Reason Stopped*

Drug/Alcohol Assessment

Which substances are currently used	Method of use (oral, inhalation, intranasal, injection)	Amount of use	Frequency of use (times/ month)	Time period of use	Which substances have been used in the past
___ Alcohol					___ Alcohol
___ Caffeine					___ Caffeine
___ Nicotine					___ Nicotine
___ Heroin					___ Heroin
___ Opiates					___ Opiates
___ Marijuana					___ Marijuana
___ Cocaine/Crack					___ Cocaine/Crack
___ Methamphetamines					___ Methamphetamines
___ Inhalants					___ Inhalants
___ Stimulants					___ Stimulants
___ Hallucinogens					___ Hallucinogens
___ Other: ___________________					___ Other: ___________________

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Suicidal/Homicidal Ideation

Is there a suicide risk? ___ No ___ Yes
___ Previous attempt (When: ____)
___ Current plan ___ Means to carry out plan ___ Intent ___ Lethality of plan
Is the patient dangerous to others? ___ Yes _____ No
Does the patient have thoughts of harming others? ___ Yes ___ No
If yes: Target: ____
Can the thoughts of harm be managed? ___ Yes ___ No
___ Current plan ___Means to carry out plan ___ Intent ___ Lethality of plan
High risk behaviors
___ None ___ Cutting ___ Anorexia/Bulimia ___ Head Banging
___ Self injurious behaviors
___ Other: ____

Abuse Assessment

In the past year has the patient been hit, kicked, or physically hurt by another person?
____
____
____

Is the patient in a relationship with someone who threatens or physically harms them?
____
____
____

Has the patient been forced to have sexual contact that they were not comfortable with?
____
____
____

Has the patient ever been abused? ___ Yes ___ No. If yes, describe by whom, when and how.
____
____
____
____

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Family/Social History

Born/raised ____
Siblings ___ # of brothers ___ # of sisters
What was the birth order? ____of ____ children
Who primarily raised the patient? ____
Describe marriages or significant relationships:
____
____
Number of children: ____
Current living situation: ____
Military history/type of discharge: ____
Support/social network: ____
Significant life events:
____
____

Family History of Mental Illness (which relative and which mental illness):
____
____
____
____
____

Employment

What is the current employment status? ____
Does the patient like their job? ____
Will this job likely be done on a long-term basis? ______________________________
Does the patient get along with co-workers? _________________________________
Does the patient perform well at their job? __________________________________
Has the patient ever been fired? Yes No If yes, explain
____
____
How many jobs has the patient had in the last five years? _____________________

Education

Highest grade completed: ____
Schools attended: ____
Discipline problems: ____

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Current Legal Status

______ No legal problems
______ Probation
______ Previous jail
______ Parole
______ Charges pending
______ Has a guardian

Developmental History

Describe the childhood: ___ Traumatic ___ Painful ___ Uneventful
Describe the childhood in relation to personality, school, friends, and hobbies): ______
____
____
____
Describe any traumatic experiences in the childhood: (List the age when they occurred)
____
____
____
What is the patient's sexual orientation? ___ Heterosexual ___ Homosexual
___ Bisexual

Spiritual Assessment

Religious background: ____
Does the patient currently attend any religious services? Yes No If yes, where.
____
____
____
____
____

Cultural Assessment

List any important issues that have affected the ethnic/cultural background.
____
____
____
____

Financial Assessment

Describe the financial situation.
____
____
____
____
____

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Coping Skills

Describe how the patient copes with stressful situations.

____
____
____
____

Is the patient's coping methods: ___ adaptive ___ maladaptive

Interests and Abilities

What hobbies does the patient have?

____
____
____

What is the patient good at?

____
____
____

What gives the patient pleasure?

____
____
____

MENTAL STATUS ASSESSMENT

(Describe any deviation from normal under each category.)

Arousal/Orientation

___ Alert ___ Sleepy ___ Attentive ___ Unresponsive ___ Oriented to person
___ Oriented to place ___ Oriented to time ___ Confused
___ Other: ____

Appearance

___ Well groomed ___ Good eye contact ___ Poor eye contact ___ Disheveled ___ Bizarre ___ Poor hygiene ___ Inappropriate dress
___ Other:____

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Behavior/Motor Activity
___ Normal _____ Restless _____ Agitated ___ Lethargic
___ Abnormal facial expressions ___Tremors ___ Tics
___ Other:____

Mood/Affect
___ Normal _____ Depressed ___ Flat _____ Euphoric ___ Anxious ___ Irritable ___ Liable
___ Indifferent ___ Careless ___ Inability to sense emotions
___ Lack of sympathy
___ Other:____

Speech
___ Normal ___ Nonverbal ___Slurred ___ Soft ___ Loud ___ Pressured
___ Limited ___ Incoherent ___ Halting ___ Rapid
___ Other: ____

Attitude
___ Cooperative ___ Uncooperative ___Guarded ___ Suspicious ___ Hostile
___ Other: ____

Thought Process
___ Intact ___ Flight of ideas ___ Tangential ___ Concrete thinking
___ Loose associations ___ Unable to think abstractly ___ Circumstantial
___ Neologisms ___ Racing ___ Word Salad
___ Other: ____

Thought Content
___ Normal ___ Phobia ___ Hypochondriasis ___ Delusions ___ Obsessive
___ Preoccupations
___ Other: ____

Delusions
___ None ___ Religious ___ Persecutory ___ Grandiose ___ Somatic
___ Ideas of reference ___Thought broadcasting ___Thought insertion
___ Other: ____

Hallucinations
___ None ___ Auditory hallucinations ___ Visual hallucinations
___ Command hallucinations
___ Other: ____
Describe: ____
____

Impulse Control
___ Normal ___ Partial ___ Limited ___ Poor ___ None
___ Frequently participates in activities without planning or thinking about them

Judgment
(What would you do if there was a fire in a crowded movie theater?)
___ Normal _____ Poor

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Cognition/Knowledge

Orientation
___ Person ___ Place ___ Time

Attention
Can the patient spell W-O-R-L-D backwards? ___ Yes ___ No

Memory
Immediate recall of 3 objects ___/3 Recall after 5 minutes ___/3

Naming
Point out three objects. How many can the patient name? ___/3

Visual-spatial
Can the patient copy intersecting pentagons? ___ Yes ___ No

Praxis
Can the patient follow a three step command? ___ Yes ___ No

Calculations
Serial 7's (how many times can the patient correctly subtract 7 from 100): ___________

Abstractions
___ Comprehends ___ Does not comprehend

Insight

___ Normal ___ Poor

Is the patient able to meet their basic needs (e. g., food, shelter, medical):

___ Yes ___ No
If no, Describe:
____
____
____
____

Functional Ability

Check the area of concern
___ None ___ Activities of daily living ___Work ___ Finances ___ School
___ Family relationships___ Social relationships ___ Safety ___ Legal
___ Cognitive functioning ___ Physical health
___ Housing ___ Impulse control ___ Social skills

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