



**SCOTT LENNOX, LCSW**  
**Psychotherapy**

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**Personal History Assessment**

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Major Milestones In Your Early Life: \_\_\_\_\_

\_\_\_\_\_

Number of siblings/birth order/quality of relationship(s): \_\_\_\_\_

\_\_\_\_\_

Relationship with parents & how disciplined: \_\_\_\_\_

\_\_\_\_\_

History of Abuse (verbal, emotional, physical, sexual, spiritual): \_\_\_\_\_

\_\_\_\_\_

Other Developmental Issues: \_\_\_\_\_

\_\_\_\_\_

Sexual Orientation/Issues/Challenges: \_\_\_\_\_

\_\_\_\_\_

Military History/Experience: \_\_\_\_\_

\_\_\_\_\_

Work History/Working Now?: \_\_\_\_\_

Working Now? \_\_\_\_\_

Current Financial Status: \_\_\_\_\_

Religious/Spiritual Development or Experience: \_\_\_\_\_

Marital History:

Marriages Name of Spouse: \_\_\_\_\_ Duration: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Duration: \_\_\_\_\_

Name of Spouse: \_\_\_\_\_ Duration: \_\_\_\_\_

Children Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Age: \_\_\_\_\_

Who Lives With You? \_\_\_\_\_

In What Setting? \_\_\_\_\_

Effective Arrangement? \_\_\_\_\_

Others In the Home Having Mental Health and/or Substance Issues? Yes No (circle)

Explain: \_\_\_\_\_

Social Support Right Now? \_\_\_\_\_

How Isolated Are You? \_\_\_\_\_

Who will participate in/be supportive of your treatment? \_\_\_\_\_

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

Life Patterns: (check/briefly explain all that apply)

Family       No Problem(s)     Arguments/Fighting       Verbal/Physical/Sexual Abuse  
                  Marital Conflict     Separation/Divorce       Other: \_\_\_\_\_

Financial     No Problem(s)     Frequent Loans             Excessive Spending  
                  Mounting Bills     Credit Cards               Other: \_\_\_\_\_

Education     No Problem(s)     Failing                       Dropped Out

Work             No Problem(s)     Absenteeism               Using At Work  
                  Poor Evaluations  Job Loss                     Other: \_\_\_\_\_

Legal             No Problem(s)     PI/DWI(s)                 Other Arrest(s): \_\_\_\_\_  
                  Jailed                 Warrants Out               Other: \_\_\_\_\_

Other             No Problem(s)     Workaholic                 Overeater/Food As Comfort  
                  Gambling             Sexual Addiction         Other: \_\_\_\_\_

Treatment Acceptance:     Excellent     Good     Fair     Poor     Questionable

Motivation for Change:     Excellent     Good     Fair     Poor     Questionable

Leisure Skills: \_\_\_\_\_

Skills in art, music, drama, etc. \_\_\_\_\_

Engage in social activities with: \_\_\_\_\_

Assets/Strengths/Gifts/Abilities:

- |  |   |  |
|--|---|--|
| <input type="radio"/> Support of family/friends    | <input type="radio"/> Effective Coping Skills     | <input type="radio"/> Education          |
| <input type="radio"/> Independent living skills    | <input type="radio"/> Age appropriate development | <input type="radio"/> Want to get better |
| <input type="radio"/> Insight into my circumstance | <input type="radio"/> Intelligence/Curiosity      | <input type="radio"/> Employed           |
| <input type="radio"/> Good physical health         | <input type="radio"/> Will benefit from therapy   | <input type="radio"/> Financial status   |
| <input type="radio"/> Appropriate social skills    | <input type="radio"/> Healthy interests           | <input type="radio"/> In school          |
| <input type="radio"/> Positive self-regard         | <input type="radio"/> Effective Coping Skills     | <input type="radio"/> Education          |
| <input type="radio"/> Support of family/friends    | <input type="radio"/> Supportive faith/beliefs    | <input type="radio"/> Other: _____       |

Liabilities/Complications/Areas of Concern:

- |   |   |  |
|---|---|--|
| <input type="radio"/> Poor coping skills              | <input type="radio"/> Poor social skills                  | <input type="radio"/> Lack of education    |
| <input type="radio"/> Incapable of independent living | <input type="radio"/> Unable to maintain living situation | <input type="radio"/> Lack of job skills   |
| <input type="radio"/> Medication non-compliance       | <input type="radio"/> History of multiple treatments      | <input type="radio"/> Poor follow-up       |
| <input type="radio"/> Poor physical health            | <input type="radio"/> Medical/physical handicaps          | <input type="radio"/> Acute medical issues |
| <input type="radio"/> Profound trauma history         | <input type="radio"/> Healthy interests                   | <input type="radio"/> In school            |
| <input type="radio"/> Lack of social support          | <input type="radio"/> xx                                  | <input type="radio"/> Other: _____         |

What I want the most from this treatment: \_\_\_\_\_

What I want for myself more than anything: \_\_\_\_\_

\_\_\_\_\_  
Client

\_\_\_\_\_  
Scott Lennox, LCSW

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date