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Personal History Assessment

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:

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

Liabilities/Complications/Areas of Concern:

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

What I want the most from this treatment: _____

What I want for myself more than anything: _____

_____ _____

Client Date

_____ _____

Scott Lennox, LCSW Date