
Candace Davis Hawkins, MSW, LCSW-C

Psychosocial Assessment

Interview Date: _____

Name: _____ SSN: (last 4 digits) _____ DOB:

Home Address: _____

Telephone: _____ Work Phone: _____

Marital Status:
 ___ Never Married ___ Domestic Partnership ___ Married ___ Widow
 ___ Separated: date of separation _____
 ___ Divorced: date of divorce _____

Employer/School: _____

Emergency Contact Information/ Parent Info if a Minor:

Person to contact: _____ Relationship: _____

Address: _____

Telephone: _____ Work Phone: _____

Referral Information

Name of Referral Source:

Reason for Referral/ Chief Complaint

Your Current Situation

Please describe what brings you to therapy by explaining how your problem began, how long have you been dealing with the problem and how the problem affected your life.

Rate Your Overall Satisfaction with Yourself and Your Life? (Circle the number that describes your feeling)

Things are too hard

Life is mostly the way I want it.

1 2 3 4 5 6 7 8 9 10

Psychiatric History

A. Currently experiencing?

<input type="checkbox"/> anxiety	<input type="checkbox"/> increase/decrease in weight
<input type="checkbox"/> depression	<input type="checkbox"/> panic attacks
<input type="checkbox"/> unhealthy relationships	<input type="checkbox"/> stress
<input type="checkbox"/> sleeping problems	<input type="checkbox"/> increase/ decrease appetite
<input type="checkbox"/> physical problems	<input type="checkbox"/> life changes
<input type="checkbox"/> sexual problems	<input type="checkbox"/> housing problems
<input type="checkbox"/> medical issues or access to health care issues	<input type="checkbox"/> legal issues
<input type="checkbox"/> death of a loved one	<input type="checkbox"/> work stress
<input type="checkbox"/> present or past abuse	<input type="checkbox"/> Financial stress
<input type="checkbox"/> physical	<input type="checkbox"/> sexual
<input type="checkbox"/> emotional	<input type="checkbox"/> mental

What are you hoping to gain from therapy?

B. Previous Treatment for Mental Health

Inpatient/ outpatient admissions _____
medication _____

Medical History

Physician _____ Most recent physical _____
Medical conditions _____
Medications _____
Surgeries, illness _____ Allergies _____
Drugs and Alcohol use:
Type and frequency _____
Do you feel you may have an addiction? _____
Nicotine: frequency: _____
Exercise _____

Legal Involvement

Guardianship _____ Probation/ Parole _____
Court orders for any reason _____ Required to seek treatment? _____
By Whom? _____

Employment/ Income Sources

Public subsidy _____	Bankruptcy _____
Child support payments _____	Foreclosure _____
Full-time/ part-time wages _____	Debt _____
Unemployed _____ how long? _____	Disability _____ claims pending _____
Financial problems? _____	Homeless/Living Situation issues _____