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: _____

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: _____

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.
_____
_____
_____
_____

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: _____

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.
_____
_____
_____
_____
_____

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:_____

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

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