Catholic Charities Family Services

Social History Form

Date:_____ Name:_____

The purpose of this form is to assist your therapist in completing a prompt and thorough assessment, in order create a service plan tailored to the specific needs of the client. Please complete the questions as thoroughly and accurately as possible, so that we can provide the most appropriate services for your needs. **This form and all of your records are confidential.**

Please state in your own words your reasons for seeking therapy at this time:_____

_____

_____

If applicable, when did the problem begin, what has contributed to the maintenance, have any solutions helped?

_____

_____

What do you hope to gain from therapy?_____

_____

_____

_____

Issues Checklist

__ Employment issues
__ School issues
__ Legal issues
__Financial issues
__Living arrangements
__Change in appetite/weight
__Confusion
__Unexplainable/uncontrollable crying
__Extravagance with money
__Fatigue
__Forgetfulness
__Frequent lying
__ Risk-taking behavior
__ Generalized dissatisfaction
__ Guilt
__Difficulty being alone
__Anxiety that limits activities
__Mood swings
__Hyperactivity
__Panic attacks
__Sadness/Depression
__Chronic illness
__Worried/nervous
__Shy, uneasy with others
__Physical concerns
__ Suicidal thoughts
__ Trouble sleeping
__ Passive behavior
__Aggressive behavior
__Unwanted compulsive behavior
__Withdrawal
__Concern about alcohol/drug use
__Concern about eating habits
__Previous abuse
__Sexual issues
__Sexual identity concerns
__Poor concentration
__Relationship issues _____

Marital/Personal Family History

Current marital status: ☐ single ☐ engaged ☐ living together ☐ married ☐ divorced ☐ widowed ☐ separated

Please give dates if applicable: _____

Spouse/child's name Gender Living in home Age Occupation Relationship to you (and description)
Ex. John M Yes 45 Sales Husband - close/distant relationship
Please continue on back if more room needed.

Number and dates of pregnancy loss (miscarriages, stillbirths, abortions):_____

_____

Have there been any major changes for you or a family member in the past two years? (Moves, births, deaths, illnesses)_____

_____

Employment

Please list employment positions, with most recent first:

Dates employed Position Employer Location Reason for leaving

Any problems in relationship with people at work? Explain:_____

_____

_____

Medical History

Date of last medical assessment:_____

Major Health issues:_____

Past major illnesses, surgeries, accidents (include dates):_____

_____

Medication taken (including dosage) Condition treated

_____

_____

_____

_____

Previous and Current Mental Health Treatment

Do you have current thoughts of suicide: **Y / N** _____

Have you engaged in self-injury **Y \ N** What type**,** when:_____

_____

Have you ever attempted suicide? **Y / N** If yes, how long ago:_____

_____

Outpatient

Provider	Location	Dates	Condition treated	Result

Inpatient

Provider	Location	Dates	Condition treated	Result

_

Substance Use

☐ Alcohol (frequency) _____☐ Illicit drugs (including marijuana)_____

☐ Caffeine_____☐ Tobacco_____ ☐ Are you concerned about your substance use? **Y /N**

☐ Has anyone else expressed concern about your use? **Y / N** _____

Does any member of your family struggle with the following (please note relation and duration):

Alcoholism/drug abuse:_____

_____

Mental Health issues:_____

_____

Has any relative attempted or committed suicide:_____

_____

Family of Origin

Parent/sibling	Gender	Age	Occupation	Relationship to you (and description)
Ex. Jane	F	65	Homemaker	Mother - close/distant relationship

Please list any significant family events and dates while growing up (moves, deaths, divorces etc.)

_____

_____

Education

Highest level of education completed:_____

Schools, degrees earned:_____

Any issues with learning? IEP?_____

☐ Private ☐ Public ☐ Homeschooled

Abuse History

Have you ever experienced any type of abuse: **Y /N**

☐ Emotional ☐ Physical ☐ Sexual ☐ Verbal ☐ Domestic Violence ☐ Neglect ☐ Other_____

At what age(s)_____

Resources

Are you open to incorporating your faith in to your therapy sessions? Explain._____

_____

Religion as a child:_____

Religion as an adult:_____