Body & Soul
wellness center and spa
Relax. Live Well.

~ CLINICAL SOCIAL HISTORY ~

Name _____ Date: _____ Age _____ Date of Birth: _____

How did you learn of this office? __Phone book __Insurance Co. __ Other_____

Briefly describe your main reason(s) for coming here today:

Other relevant issues or challenges:

What gives your life great meaning and joy?

Other interests and hobbies:

What do you see as some of your strengths and good qualities?

What resources or supports do you have?

<u>On the list below, please check all of the strengths and resources that apply</u>:

__Communication skills, __social skills, __ability to develop trusting relationships, __can ask for help, __intelligent, __assertive, __good self-esteem, __ good decision maker, __spirituality, __takes responsibility, __employed, __financially secure, __able to identify and express feelings directly, __motivated to change, __impulse control, __support system there and used, __health, __healthy lifestyle, __other service involvement, __other (list)_____.

List previous counseling or psychiatric treatment:

Therapist: _____ Location: _____
Year/time period seen: _____ Approximate # of Sessions: _____

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Year/time period seen: _____ Approximate # of Sessions: _____

Family and Social History:

Place of Birth: Where raised:

Marital Status: # of years married: Partner's name:

Other Marital History:

Occupation: Partner's occupation:

Names and ages of children:

Do you have a religious or spiritual orientation? Please describe briefly.

How satisfied are you with your social life and the number/quality of friends that you have?

Your Parent's Marital History (divorces, remarriages, step children)

Father's name: Status of your relationship?

Mother's name: Status of your relationship?

Brother's names: Status of your relationship?

Sister's names: Status of your relationship?

List any childhood traumas (accidents, losses, deaths, physical/sexual/emotional abuse, etc)

Family History Checklist: (click in box below each family member as it applies)

	self	mother	father	sister	brother	grandparent	aunt	uncle
Anxiety								
Depression								
Had counseling								
Violent temper								
Physical abuse								
Emo/mental abuse								
Sexual abuse								
Psychiatric hospitalization								
Suicide attempt								
Alcohol abuse								
Drug abuse								

Please describe your current use of alcohol and/or drugs:

Type, frequency, and duration of past alcohol and/or drug abuse:

Past substance abuse treatment:

Legal History (arrests or police problems as adolescent or adult):

Eating or body image issues:

Other important information or comments:

Educational Background: (click highest level completed) GR, HS, TECH, BA, MA, PhD

How was school socially? Academically?

Did you repeat any grades? Learning disabilities/ADHD?

Other important school information

Depression Symptom Checklist: (Check symptoms that have applied to you in the last two weeks or more, more days than not, most of the day):

Depressed or highly irritable mood: __yes __no

Concentration problems: __yes __no

Loss of interest or pleasure: __yes __no

Low energy, fatigue: __yes _no

Significant appetite/weight changes: __yes __no

Feelings of restlessness: __yes __no

Hopelessness/worthlessness/guilt: __yes __no

Feeling slowed down: __yes __no

Sleep disturbance: __yes __no __ initial __middle __terminal __hyper __hypo __tired upon waking

Suicidal ideas (recent/current): __none __thoughts __method __ plan __ gestures __attempt

Previous treatment for depression: __yes __no

Health Status and History:

Current Health:

Major illnesses/injuries/Operations:

Allergies to drugs:

Thyroid problems:

Current physician:

Head Injuries:

Current Medications: (indicate prescribing physician)

Treatment Goals:

What will be one of the first signs that things are going in the right direction?

How will we know when therapy is completed?