



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

PSYCHOSOCIAL HISTORY AND ASSESSMENT

IDENTIFYING INFORMATION

Individual Information

Name:	Date of Birth	Date:
Date of Birth/Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Relationship Status <input type="checkbox"/> Single <input type="checkbox"/> Single, intimately involved <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed	Cultural Affiliation (check all that applies) <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
Military Service <input type="checkbox"/> Active Duty <input type="checkbox"/> Retired <input type="checkbox"/> Reserve/National Guard <input type="checkbox"/> Other	Branch of Service <input type="checkbox"/> Army <input type="checkbox"/> Air Force <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> Other	
Home Address	Home Phone	
Email Address	Cell Phone	
	Office Phone	
May we leave a message? <input type="checkbox"/> Home <input type="checkbox"/> Cell <input type="checkbox"/> Work <input type="checkbox"/> Other		

Emergency Contact Name/Relationship	Phone number (s)
Are you employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Occupation
	Employer



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Spouse/Intimate Partner Information					
Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Date of Birth	
Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> Co-parent <input type="checkbox"/> Intimate partner <input type="checkbox"/> other		Culture Affiliation (Check all that applies) <input type="checkbox"/> African American <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic <input type="checkbox"/> other		Home Address Phone number Email address	
Employed <input type="checkbox"/> yes <input type="checkbox"/> no			Occupation Employer		
Highest Education Completed <input type="checkbox"/> high School <input type="checkbox"/> 4 year college <input type="checkbox"/> Graduate <input type="checkbox"/> GED <input type="checkbox"/> Other					
Children					
Name of Children	Sex	Age/Date of Birth	Race	Grade/School	Living with You?
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No
	<input type="checkbox"/> M <input type="checkbox"/> F				<input type="checkbox"/> Yes <input type="checkbox"/> No



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Others Living in the Home				
Name	Sex	Age/Date of Birth	Race	Relationship Mother/Father/Other
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			
	<input type="checkbox"/> M <input type="checkbox"/> F			



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Issues and Goals

In order to help determine the best treatment plan please list the main issues you would like to work through

- 1)
- 2)
- 3)
- 4)

Please List 3-4 goals you would like to achieve in your therapy

- 1)
- 2)
- 3)
- 4)

Stressors

<u>Marital/Relationships</u>	<u>Social</u>	<u>Legal</u>
<input type="checkbox"/> Recent or pending Divorce	<input type="checkbox"/> Loss of Friend (s)	<input type="checkbox"/> Arrested
<input type="checkbox"/> Separation	<input type="checkbox"/> Broken Romance	<input type="checkbox"/> Probation/Parole
<input type="checkbox"/> Infidelity	<input type="checkbox"/> Loneliness	<input type="checkbox"/> Criminal Activity
<input type="checkbox"/> Abuse- Physical/Emotional/Sexual	<input type="checkbox"/> Lack of Social Support	<input type="checkbox"/> Family
<input type="checkbox"/> Fighting/Disagreements	<input type="checkbox"/> Transportation Issues	<input type="checkbox"/> Child Custody
<input type="checkbox"/> Alcohol/Drugs	<input type="checkbox"/> Religious/Spiritual	<input type="checkbox"/> Protective Order/Restraining Order
<input type="checkbox"/> Sexual Issues	<input type="checkbox"/> Neighbors/Housing	
<input type="checkbox"/> Death	<input type="checkbox"/> Others (explain below)	
<input type="checkbox"/> Birth		
<input type="checkbox"/> Illness		



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

STRESSORS CONTINUED

Personal

Financial Mental Health Illness Injury Physical Assault Sexual Assault Other _____

Occupational

Conflict with Co-Workers/Supervisors Excessive Hours Recently Fired Discrimination Harassment
 Other _____

Behavioral/Mental Health

Depression

What is your current level of emotional pain or distress?

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10-----
Pain Free Mild Moderate Severe Totally Disabling

During the past month have you often been bothered by feeling down, depressed, or hopeless?

Yes No

If yes please rate on a scale of 1-10

0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10-----
Not bothered Mild Moderate Severe Totally Disabling

In the past month have you often had little interest or pleasure in doing things?

Yes No

In the past have you ever suffered from a physical or emotional traumatic event?

Yes No

Have you experienced a recent loss (including separation/divorce)?

Yes No

If Yes Please explain _____



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Self-Harm

Are You having any thoughts of Harming or killing yourself?

Yes No

Do you have a plan to harm you self? (if so explain)

Yes No

Do you have access to a means to carry out a plan to hurt yourself? (if so explain)

Yes No

Have you ever tried to harm yourself? (if yes please explain—include history of suicide thoughts/gestures/ attempts and how many).

Yes No

Are you Hopeful about the Future?

Yes No

How often do you perceive you have failures in your life?

Never Rarely Occasionally Frequently

Have you ever been diagnosed with a mental health condition/illness by a health care provider? (If yes please explain)

Yes No

Thought Process

During the past week have you had racing thoughts?

Yes No

Do you believe you have special powers? (if so please explain)

Yes No

Do you hear voices or are you seeing things? (if so please explain)

Yes No



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Thought Process

Do you believe others are watching you? Paranoid thoughts? (if so please explain)

Yes No

Anxiety/Panic

Do you have any issues with anxiety, nerves, or panic attacks? (if so please explain)

Yes No

Have you ever experienced a sudden urge of overwhelming discomfort or extreme anxiety that came on without any warning or for no apparent reason? (if so please explain)

Yes No

Do you avoid certain people, places, conversations, or other situations because you are concerned that you may experience a sudden surge of overwhelming discomfort or anxiety? (if so please explain)

Yes No

Post Traumatic Stress

In your life have you ever had any experience that was frightening, horrible, or upsetting that in the past month you

1) Have had nightmares about it or thought about it when you did not want to? Yes No

2) Tried hard to not think about the experience or went out of your way to avoid situations that Reminded you of it? Yes No

3) Are you constantly on guard, watchful, or easily startled? Yes No

4) Feel numb or detached from others, activities, or your surroundings? Yes No



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Anger/Aggression/Domestic Violence

Are you currently experiencing anger at anyone or any situation? (If so please explain)

Yes No

Do you have thoughts or plans to harm or kill another person? (If so please explain)

Yes No

Have you recently broken objects or hurt yourself or others (emotionally, physically, sexually) or an animal due to anger? (If so please explain)

Yes No

Are you currently involved in a physical, emotional, or sexual abuse of anyone (including family members)? (If so please explain)

Yes No

Do you currently have a restraining order or protection order in place against you or someone else? (If so please explain)

Yes No

Have you ever been charged or convicted of an offense of assault, battery or abuse? (if so please explain)

Yes No

Do you have weapons in your home? (if so explain)

Yes No

Have you recently had a relationship, break-up, separation, or divorce due to your anger or aggressive behavior? (If so please explain)

Yes No



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Substance Abuse/Use

- 1) Have you ever felt you should cut down your drinking or drug use? Yes No
- 2) Has anyone ever criticized your drinking? Yes No
- 3) Have you ever felt bad or guilty about your drinking? Yes No
- 4) Have you ever had a drink first thing in the morning to steady your nerves or shakes? Yes No
- 5) Have you ever used alcohol or drugs to cope with stress or a situation in your life? Yes No

(If you to any or all please explain)

Are you currently using any substance (marijuana, cocaine, crack, stimulants, sedatives, tranquilizers, heroin, opiates, or psychedelics)? (If so Please explain)

Yes No

Are you currently misusing prescription drugs, herbal supplements, sports supplements, or energy drinks? (If so please explain)

Yes No

Have you ever been involved in any alcohol or drug treatment program? (If so please explain)

Yes No

Have you ever dropped out of treatment for alcohol or drugs? (If so please explain)

Yes No

Have you ever received counseling for drugs, alcohol, or mental health issues before? (If so please explain)

Yes No

Have you ever had any psychiatric hospitalizations? (If so please explain)

Yes No

Childhood and Family Relationships

Where were you born?

Current age of Mother _____ Occupation _____

Current age of Father _____ Occupation _____

Either Parents deceased? _____

Are your parents still married? Yes No

If they are divorced how old were you when they divorced?



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Childhood and Family Relationships

Who raised you?

Where were you raised?

How many biological brothers do you have?

How many biological sisters do you have?

How many step-brothers do you have?

How many step-sisters do you have?

What number child are you in the birth order?

What was it like in your childhood home? Loving Comfortable Supportive Chaotic Abusive
 (Please give an example of your childhood home)

What was your family's economic status?

Poor Lower middle class Middle class Upper middle class Wealthy

Were you adopted? Yes No (If so what age)?

Did your parents fight physically? Never Rarely Sometimes Often

Were you emotionally, physically or sexually abused/assaulted, neglected as a child or as an adult? (If so please explain). emotionally Physically sexually

Were there any mental health issues in your family? (If so please explain)

Alcohol/ Drug addiction Depression Bi-Polar Anxiety/Panic attacks Sexual Abuse

Schizophrenia ADD/ ADHD Obsessive Compulsive Disorder Suicide Other

Marriage/ Intimate Relationships

Are you currently married? Yes No

How long have you been married? Years _____ Months _____

Are you currently living with your spouse? Yes No

How Many times have you been married? _____

How many times has your spouse/partner been married? _____



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Educational Background

Highest Level of Education Completed

GED Vocational School High School 2 Year College 4 year College Graduate School

Did you repeat or skip grades? (If so please explain)

Yes No

Did you have a learning disability and received special education services? (If so please explain)

Yes No

Were you ever suspended or expelled from school? (If so please explain)

Yes No

Financial

Are you currently experiencing any financial issues? (If so please explain)

Yes No

Are you currently having any of these financial issues? (If so please explain)

Wages Garnished Items Repossessed Filed Bankruptcy Bills in Collections Daily Collection calls

No enough money for food, clothing, shelter Homeless



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Support System/Environment

Do you have a good support system in place? (family, friends, co-workers, neighbors, church group? (Please explain)

Yes No

Are you having any issues if relationships with family, friends, co-workers, neighbors? (If so please explain)

Yes No

Do you have adequate housing, food, and clothing? (Please explain)

Yes No

Who is your support system when issues arise? (Please explain)

Are you receiving any of the following services? (Please explain)

Alcohol/ Drug Treatment Mental Health Counseling Life Coaching Marriage counseling Legal Services

Employee Assistance Program Victim Advocate Respite Care CPS (Child Protective Services)

Employment

What is your Occupation?

Are you having any issues with your Supervisor or Management? (If so please explain)

Yes No

Are you having issues with any Co-workers? (If so please explain)

Yes No

Have you ever been bullied at work or been subjected to a hostile work environment? (If so please explain)

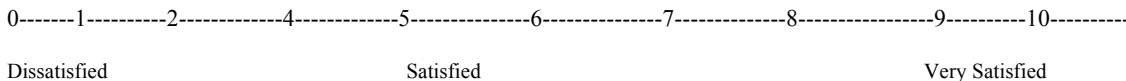
Yes No



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Employment

How satisfied are you with your current job/work/position? (Please explain)



Leisure/Recreation

Please list any hobby's and activities you are involved in that brings you pleasure

Have you stopped any activities that brought you pleasure recently? (If so please explain why you stopped)

Yes No

Religious Beliefs/Spiritual Life

What are your religious or spiritual beliefs?

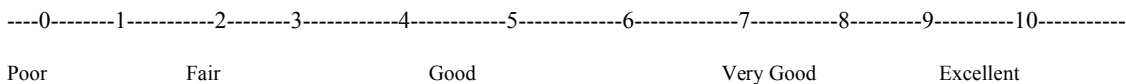
Protestant Methodist Lutheran Catholic Baptist Non-Denomination Jewish Hindu Islamic Buddhist Atheist Other

Do you attend services regularly?

Yes No

Physical Health History

How would you describe your physical health? (Please explain)





MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Physical Health History

Current medical treatments you are undergoing (Please explain) (List any surgeries, chemotherapy, or any other treatments).

None Outpatient care Hospitalized Other

Do you have any physical limitations? (Please explain)

Yes No

List all medications you are currently taking and what they why they were prescribed.

Have you ever been treated for a concussion or any other traumatic brain injuries? (Please explain)

Yes No

Are or have you in the past 30 days been experiencing any physical pain? (Please explain)

---0-----1-----2-----3-----4-----5-----6-----7-----8-----9-----10
 No Pain Mild Moderate Severe Debilitating

Are you being treated at this time for any physical pain? (Please explain)

Yes No

Are you currently or in the past 30 days been experiencing any difficulties with sleep? (Please explain)

Yes No

Are you taking any prescribed or over the counter medications to help you sleep? (Please explain)

Yes No



MARYBETH HRIM, LCSW
900 E INDIANTOWN RD, SUITE 311
JUPITER, FL 33477
(561) 373-1509

Eating Disorders

Have you ever had issues with weight or eating habits? (Please explain)

Yes No

Have you ever been treated for an eating disorder? (Please explain)

Anorexia Bulimia Binge eating

Have you ever been hospitalized for an eating disorder? (Please explain)

Yes No

Have you ever had bariatric or lap band surgery? (Please Explain)

Yes No

Any other health related issues not listed? (Please explain)