

Psychosocial Assessment

Client Information			
Name:		Phone 1:	
Address:		Phone 2:	
		Email:	
Age:	DOB:	Height:	Weight:
Gender and preferred pronouns:			
Race:		Ethnicity:	
Referred by:			

Emergency Contacts	
Name:	Name:
Relationship:	Relationship:
Address:	Address:
Phone 1:	Phone 1:
Phone 2:	Phone 2:
Email:	Email:

Psychosocial Assessment

Presenting Problem

client's reason for seeking treatment; description and history of problem

Psychosocial Assessment

Personal Factors

culture, spirituality, interests, goals, values

Relationships

family, friendships, romantic relationships, colleagues and others, psychosexual issues

Social and Environmental Factors

community, social life, living situation, work/school, SES, legal issues

Psychosocial Assessment

Psychiatric Factors

psychiatric history, other care providers and treatment, medications, trauma

Family History

family of origin and upbringing, culture, socioeconomic background

Physical Health

current and past medical issues, medications, surgeries, hospitalizations

Psychosocial Assessment

Substance Use

type, frequency, amount, history, consequences, and reasons for use

Risk Assessment

concerning behaviors, self-harm, suicidality

Strengths and Abilities

traits that support well-being, resilience, and coping

Psychosocial Assessment

Mental Status

appearance, behavior, speech and language, thoughts, mood, affect, perception, insight

Diagnosis

Predisposing Factors: Long-term issues that increase vulnerability to the problem

Precipitating Factors: Recent events that may have caused or exacerbated the problem

Perpetuating Factors: Ongoing issues that make it difficult to resolve the problem

Protective Factors: Strengths and coping skills that mitigate the problem

Additional Notes or Observations