

## 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

<i>Medication</i>	<i>Dose</i>	<i>Frequency</i>	<i>Prescriber</i>	<i>Reason</i>

### Past Medication List

<i>Medication</i>	<i>Dose</i>	<i>Frequency</i>	<i>Reason Started</i>	<i>Reason Stopped</i>

### 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
<input type="checkbox"/> Alcohol					<input type="checkbox"/> Alcohol
<input type="checkbox"/> Caffeine					<input type="checkbox"/> Caffeine
<input type="checkbox"/> Nicotine					<input type="checkbox"/> Nicotine
<input type="checkbox"/> Heroin					<input type="checkbox"/> Heroin
<input type="checkbox"/> Opiates					<input type="checkbox"/> Opiates
<input type="checkbox"/> Marijuana					<input type="checkbox"/> Marijuana
<input type="checkbox"/> Cocaine/Crack					<input type="checkbox"/> Cocaine/Crack
<input type="checkbox"/> Methamphetamines					<input type="checkbox"/> Methamphetamines
<input type="checkbox"/> Inhalants					<input type="checkbox"/> Inhalants
<input type="checkbox"/> Stimulants					<input type="checkbox"/> Stimulants
<input type="checkbox"/> Hallucinogens					<input type="checkbox"/> Hallucinogens
<input type="checkbox"/> Other: _____					<input type="checkbox"/> 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.

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Is the patient's coping methods: \_\_\_ adaptive \_\_\_ maladaptive

## Interests and Abilities

What hobbies does the patient have?

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What is the patient good at?

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What gives the patient pleasure?

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## 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:

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## 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