



Mental Health  
New Patient Social History

Satisfied with current living situation?    Yes /    No

Any children?    Yes /    No

If yes, give names and ages, where children live, and describe relationships with children: \_\_\_\_\_

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Current Living arrangement: \_\_\_\_\_

Number of persons other than the consumer living in the home: \_\_\_\_\_

Consumer currently lives with (check all that apply):

- |          |                   |         |        |
|----------|-------------------|---------|--------|
| Spouse   | Significant Other | Mother  | Father |
| Guardian | Grandparent       | Uncle   | Aunt   |
| Son      | Daughter          | Brother | Sister |
| Cousin   | Foster Parent     | Friend  | Other  |

Current home atmosphere:

- |         |             |            |
|---------|-------------|------------|
| Loving  | Comfortable | Supportive |
| Chaotic | Abusive     | Other      |

Describe Current Living Situation: \_\_\_\_\_

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Overall Quality of Interpersonal Relationships (length, amount of difficulty forming and maintaining):

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Describe family involvement: \_\_\_\_\_

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EDUCATIONAL AND DEVELOPMENTAL INFORMATION

In school/college/training program? Yes / No

Name of school/college/training program: \_\_\_\_\_

Location of school (city): \_\_\_\_\_

Last grade completed: \_\_\_\_\_

Learning disorder? Yes / No

Special education classes? Yes / No / Unknown

Describe School Functioning: \_\_\_\_\_

Can read and write? Yes / No / Unknown

Explain:

History of developmental delay? Yes / No

If yes, specify:

VOCATIONAL INFORMATION

Current employment status: \_\_\_\_\_

How long at current job?

0-6 months    6 moths-1 year    1-5 years    6-10 years    over 10 years

Satisfied with current job?    Yes /    No

Experiences difficulty performing work or work-like activity?    Yes /    No

Describe the severity/frequency of work problems of any kind: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Relevant work history (begin-end dates, employers, duties performed, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If yes did consumer complete training?    Yes /    No

STRENGTHS

(check all that apply):

- Family Support and Involvement
- Ability to Maintain Relationships
- Good Verbal/Intellectual Skills
- Stable Work History
- Enjoyment of Reading
- Nurturance and Enjoyment of Pets
- Interest in Sports
- History of Community Involvement
- Interest in Hobbies
- Insight into Problems
- Capable of Independent Living
- Motivated for Treatment
- Technical/Vocational Skills
- Religious Affiliation/Support Network

- Ability to Care Self/Others
- Ability to Participate in Treatment
- History of Adequate Decisions Making
- Artistic Talent
- Enjoyment of Gardening
- Nurturance of Children
- History of Participation in Sports
- Ability to Manage Finances
- Support of Friends
- Education
- Sense of Humor
- Community Support/Network
- Compliant with Previous Treatment
- Physical Health

Describe any leisure activities or hobbies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Current support systems?

Family support and involvement  
Boy/girlfriend  
Community involvement  
Involvement in school activities  
Currently employed  
Other support groups  
Other

Spouse support and involvement  
Support of friends  
Religious affiliations/support network  
Participates in organized sports  
12-Step program  
Counselor  
None

Describe: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_