



Date \_\_\_\_\_

# Social History

Name \_\_\_\_\_

## Family & Marital Status

Do you have children?  Yes  No

If yes, give names and ages, where children live, and describe relationships with children.

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Current marital status:

Married  Divorced  Separated  Never Married  Widowed  Unknown

If married (or in a significant relation) more than once, explain reasons for each divorce or separation.

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Number of times married: \_\_\_\_\_

If married or in a relationship, describe relationship with current partner:

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## Living & Social Situation

Are you satisfied with your current living situation?

Yes

No

Current living arrangement:

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> Adult Homeless              | <input type="checkbox"/> Alone               | <input type="checkbox"/> Assisted Living       | <input type="checkbox"/> Children Residential Treatment |
| <input type="checkbox"/> Correctional                | <input type="checkbox"/> Crisis Residential  | <input type="checkbox"/> Family/Relative       | <input type="checkbox"/> Foster Care                    |
| <input type="checkbox"/> Group Quarters              | <input type="checkbox"/> Independent         | <input type="checkbox"/> Institutional Setting | <input type="checkbox"/> Jail/Correctional Facility     |
| <input type="checkbox"/> Medical                     | <input type="checkbox"/> Other Institutional | <input type="checkbox"/> Residential Care      | <input type="checkbox"/> Roommate                       |
| <input type="checkbox"/> Treatment Training Services |  |  |   |

Number of persons other than you living in the home:

\_\_\_\_\_

You currently live with (check all that apply):

- |                                   |  |                                  |                                 |
|-----------------------------------|--|----------------------------------|---------------------------------|
| <input type="checkbox"/> Spouse   | <input type="checkbox"/> Significant Other | <input type="checkbox"/> Mother  | <input type="checkbox"/> Father |
| <input type="checkbox"/> Guardian | <input type="checkbox"/> Grandparent       | <input type="checkbox"/> Uncle   | <input type="checkbox"/> Aunt   |
| <input type="checkbox"/> Son      | <input type="checkbox"/> Daughter          | <input type="checkbox"/> Brother | <input type="checkbox"/> Sister |
| <input type="checkbox"/> Cousin   | <input type="checkbox"/> Foster Parent     | <input type="checkbox"/> Friend  | <input type="checkbox"/> Other  |

Current home atmosphere:

- |                                  |                                      |                                     |
|----------------------------------|--------------------------------------|-------------------------------------|
| <input type="checkbox"/> Loving  | <input type="checkbox"/> Comfortable | <input type="checkbox"/> Supportive |
| <input type="checkbox"/> Chaotic | <input type="checkbox"/> Abusive     | <input type="checkbox"/> 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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**Financial Situation**

Source of income or support received during the past 12 months: \_\_\_\_\_

Do you have financial problems?  Yes  No

Have you applied for benefits?  Yes  No

Explain benefits:

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**Veteran Background**

Type of discharge:  Honorable  Dishonorable  General  Other

Do you have a service-related disability?  Yes  No

Comments on the experience, any trauma, etc.:

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Describe the above, or any traumatic experience:

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**Cultural & Religious Background**

Do you identify with a particular cultural group?  Yes  No

If so, describe group:

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Describe religious or spiritual beliefs and practices:

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Are cultural and/or spiritual beliefs likely to impact treatment?  Yes  No

If so, explain why:

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### Educational Background

Are you currently in school/college/training program?  Yes  No

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

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

Last grade completed:

- |                                       |                                      |                                     |                                       |                                      |
|---------------------------------------|--------------------------------------|-------------------------------------|---------------------------------------|--------------------------------------|
| <input type="checkbox"/> N/A          | <input type="checkbox"/> Head Start  | <input type="checkbox"/> Pre-Kinder | <input type="checkbox"/> Kindergarten |                                      |
| <input type="checkbox"/> 1st Grade    | <input type="checkbox"/> 2nd Grade   | <input type="checkbox"/> 3rd Grade  | <input type="checkbox"/> 4th Grade    | <input type="checkbox"/> 5th Grade   |
| <input type="checkbox"/> 6th Grade    | <input type="checkbox"/> 7th Grade   | <input type="checkbox"/> 8th Grade  |                                       |                                      |
| <input type="checkbox"/> 9th Grade    | <input type="checkbox"/> 10th Grade  | <input type="checkbox"/> 11th Grade | <input type="checkbox"/> 12th Grade   | <input type="checkbox"/> HS Grad/GED |
| <input type="checkbox"/> Some College | <input type="checkbox"/> B.A./Higher | <input type="checkbox"/> Unknown    |                                       |                                      |

Do you have a learning disorder?  Yes  No

Have you been in special education classes?  Yes  No  Unknown

Describe school functioning:

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Can you read and write?  Yes  No  Unknown

Explain:

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Do you have a history of developmental delay?

Yes

No

If yes, specify:

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**Employment Background**

Current Employment Status:

Full Time

Part Time

NE/FT Student

NE/PT Student

None

Unemployed

Unknown

Are you satisfied with your current job?

Yes

No

How long have you been at your current job?

0-6 months

6 months - 1 year

1-5 years

6-10 years

Over 10 years

Have you experienced difficulty performing work or work-like activity?

Yes

No

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

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

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**Legal Status**

Present Legal Status:

No legal involvement

Arrested

In jail

Charges pending

On probation

In juvenile detention

Adjudicated

On parole

Referred to juvenile court

Awaiting trial

Awaiting sentencing

On appeal

Pre-trial diversion

Past Legal Status:

- |   |  |   |  |
|---|--|---|--|
| <input type="checkbox"/> No legal involvement       | <input type="checkbox"/> Arrested              | <input type="checkbox"/> In jail                      | <input type="checkbox"/> In prison/TYC |
| <input type="checkbox"/> On probation               | <input type="checkbox"/> In juvenile detention | <input type="checkbox"/> Adjudicated                  | <input type="checkbox"/> On parole     |
| <input type="checkbox"/> Referred to juvenile court | <input type="checkbox"/> Pre-trial diversion   | <input type="checkbox"/> Ordered to community service |  |

Additional information:

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**Strengths/Supports and Potential Barriers**

Your strengths (check all that apply):

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|--|--|
| <input type="checkbox"/> Ability to care for self/others       | <input type="checkbox"/> Ability to maintain relationships   |
| <input type="checkbox"/> Ability to manage finances            | <input type="checkbox"/> Ability to participate in treatment |
| <input type="checkbox"/> Artistic talent                       | <input type="checkbox"/> Capable of independent living       |
| <input type="checkbox"/> Community support/network             | <input type="checkbox"/> Complaint with previous treatment   |
| <input type="checkbox"/> Education                             | <input type="checkbox"/> Enjoyment of gardening              |
| <input type="checkbox"/> Enjoyment of reading                  | <input type="checkbox"/> Family support and involvement      |
| <input type="checkbox"/> Good verbal/intellectual skills       | <input type="checkbox"/> History of adequate decision making |
| <input type="checkbox"/> History of community involvement      | <input type="checkbox"/> History of participation in sports  |
| <input type="checkbox"/> Insight into problems                 | <input type="checkbox"/> Interest in hobbies                 |
| <input type="checkbox"/> Interest in sports                    | <input type="checkbox"/> Motivated for treatment             |
| <input type="checkbox"/> Nurturance and enjoyment of pets      | <input type="checkbox"/> Nurturance of children              |
| <input type="checkbox"/> Religious affiliation/support network | <input type="checkbox"/> Sense of humor                      |
| <input type="checkbox"/> Stable work history                   | <input type="checkbox"/> Support of friends                  |
| <input type="checkbox"/> Technical/vocational skills           |  |

Describe any leisure activities or hobbies:

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What are your current support systems?

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|---|--|
| <input type="checkbox"/> Family support and involvement   | <input type="checkbox"/> Spouse support and involvement        |
| <input type="checkbox"/> Boy/girlfriend                   | <input type="checkbox"/> Support of friends                    |
| <input type="checkbox"/> Community involvement            | <input type="checkbox"/> Religious affiliation/support network |
| <input type="checkbox"/> Involvement in school activities | <input type="checkbox"/> Participates in organized sports      |
| <input type="checkbox"/> Currently employed               | <input type="checkbox"/> 12-Step program                       |
| <input type="checkbox"/> Other support groups             | <input type="checkbox"/> Counselor                             |
| <input type="checkbox"/> Other                            |  |

Describe other:

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Potential barriers to treatment:

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| <input type="checkbox"/> Assaultive behavior                 | <input type="checkbox"/> Difficulties with interpersonal relationships |
| <input type="checkbox"/> Family difficulties                 | <input type="checkbox"/> Family history of psychiatric difficulties    |
| <input type="checkbox"/> Financial difficulties              | <input type="checkbox"/> Frequently blames others                      |
| <input type="checkbox"/> History of treatment non-compliance | <input type="checkbox"/> Impaired decision making ability              |
| <input type="checkbox"/> Inability to care for self/others   | <input type="checkbox"/> Lack of family support                        |
| <input type="checkbox"/> Lack of transportation              | <input type="checkbox"/> Learning difficulties                         |
| <input type="checkbox"/> Legal difficulties                  | <input type="checkbox"/> Limited attention span                        |
| <input type="checkbox"/> Limited communication ability       | <input type="checkbox"/> Limited education                             |
| <input type="checkbox"/> Limited intellectual functioning    | <input type="checkbox"/> Limited vocational skills                     |
| <input type="checkbox"/> Little insight into problems        | <input type="checkbox"/> Memory impairment                             |
| <input type="checkbox"/> Physical problems                   | <input type="checkbox"/> Physical/medical problems                     |
| <input type="checkbox"/> Poor verbal skills                  | <input type="checkbox"/> Religious/spiritual/cultural beliefs          |
| <input type="checkbox"/> Reluctance to take medication       | <input type="checkbox"/> Socially withdrawn                            |
| <input type="checkbox"/> Substance abuse                     | <input type="checkbox"/> Unduly suspicious                             |
| <input type="checkbox"/> Unstable living conditions          |  |

Explain barriers:

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