TO BEGIN THE PROCESS AND PREPARE FOR YOUR INITIAL COUPLES' INTAKE APPOINTMENT PLEASE, EACH OF YOU, COMPLETE THE PSYCHOSOCIAL HISTORY FOR INDIVIDUAL INTAKE ASSESSMENT FORMS.

Please print two and complete. It should be 5 pages per person. You can scan them and email them to me in advance or bring them with you when you come. If you don't you will need to complete yours during your appointment time and this will limit our discussion time.

This information will provide me a basis to begin to understand each of your upbringings, backgrounds and the foundations for your personal values, which you may have brought to your relationship. It will also help us use our time efficiently and conveniently.

During our appointment time I will personally ask you the Couple's related questions. These will pertain to the nature of your concerns, your communication, problem solving and/or dispute resolution styles.

Please call me if you have any questions about this process. I look forward to working with you!

Michelle Fyfe, LMHC, CAP

Natalie Rothman-Young, LMHC, CAP

Renan Steele, LMHC

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PSCS
Positive Start Counseling Services, Inc

PSYCHOSOCIAL HISTORY FOR INDIVIDUAL INTAKE ASSESSMENT

Client Name: _____ Intake date: _____

Preferred or nickname: _____ DOB: _____ Age: _____

Address: _____ City _____ State: ___ Zip _____

Cell Phone: _____ Home Phone: _____ IDs Gender as: _____

Ethnicity as: _____ Country born in: _____

Highest Grade/degree completed: _____ Major:_____ Military service? You or close relative?_____

Current School: _____ for _____

Completed grade: _____ Current Job:_____

Co: _____ How long? _____

Currently living with? _____ Referred by: _____

Problem? "_____"

Event that triggered appt: _____

Attach separate notes if you prefer to write more detail.

SOCIAL & Current Intimate relationship:

Circle current intimate relationship status:

Dating, Girl/Boyfriend, Live together, Marriage # _____

Year/Age Met _____ ____ where _____ Year/Age began Dating _____ ____

Year/Age Lived together _____ ____ Year/Age Married_____ _____ partner was age _____ # yrs married _____Who else resides w/you? _____

Names/Gender/Age of kids biological to you both:

_____ _____ _____

Partners' kids: _____ _____

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_____ _____

Sig rel/ Marriage #_____ Year/Age met _____ ____ Year/Age dated _____ _____

Year /Age lived together _____ ____ Year/Age married _____ ____# yrs married __

Year/ Age divorced _____ ____ Why _____

Children's Names/Gender/Age: _____

_____Stepchildren from this relationship- Names/Gender/Age:

_____

Which of these children visit w/you now? _____

Sig rel/ Marriage # _____ Year/Age met _____ ____ Year/Age dated _____ _____

Year /Age lived together _____ ____ Year/Age married _____ ____ Year/ Age

divorced _____ ____ Why _____ Children's Names/Gender/Age:

_____

_____Stepchildren from this relationship- Names/Gender/Age:

_____

Which of these children visit w/you now? _____

Other Significant Intimate Relationships past or present _____

_____

Age 1st sexually active _____ Sexual identity _____# sex partners in past 6

mos _____ Intimate relationships' happiest memory _____

Intimate relationship's worst memory _____

_____

Any: Domestic Violence Y/N _____ Legal Probs Y/N _____

DUI Y/N _____ Arrests Y/N _____ Court Dates _____

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Name of Lawyer_____ Court orders _____

Name of Probation officer _____ Lawsuits Y/N _____

Child Support paid & current or unpaid_____ $ Concerns Y/N _____

Attach additional notes if needed to explain.

FAMILY OF ORIGIN:

Support system is: _____ Religion: Raised_____,

Current Religion: _____ Attend: _____

Parents Married _____ yrs, If Divorced you were age _____ You lived w/ _____

Mother remarried Y/N #____ Father Remarried Y/N #_____ Contact w/ non

custodial parent was: _____ Relationship

w/ Step Fa was: _____ _____ w/ Step Mo was: _____

_____ _____

Bio Siblings: Name/Gender/Age: _____ _____

_____ _____ _____ _____ _____

½ sibs or Step sibs Name/Gender/Age _____ _____

_____ _____ _____ _____ _____

Happiest memory of childhood _____

Worst memory of childhood _____

History of Abuse: Verbal Y/N Emotional Y/N Physical Y/N Sexual Y/N Explain:

_____

MENTAL/ HEALTH TREATMENT:

Any past or present Medical Conditions: _____

chronic conditions _____ Hosp: _____ Surgeries: _____

Allergic to any RX? _____

 # Tobacco use per day _____ Alcohol use: Beer # per day/week _____

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Wine # per day/week _____ Hard Liquor # per day/week _____

Substances that you use socially/ recreationally: _____

Freq per week _____ Substances you abuse: _____

_____ Freq per week _____ Have you or anyone close to

you ever been concerned about your Alcohol or substance use? _____

_____

Past Psychiatric treatment Y/N: Dr. _____for _____ Yr _____

Dr. _____ for _____ Yr _____

If any Residential treatment or Psychiatric hospitalizations please list, by date,

on separate paper

Current/recent Mental health Counseling providers: Where _____

w/ who_____ Since_____ for _____

Counselor _____Year_____ for _____.

Counselor _____ Year _____ for _____.

Counselor _____ Year _____ for _____.

If considering a change why? _____

Past Medication: _____ for_____ by Dr. _____.

_____ for _____ by Dr. _____.

_____ for _____ by Dr. _____.

_____ for _____ by Dr. _____.

Current Medication, Herbs & Supplements, incl contraception:

_____ for _____ dose: _____ by Dr. _____

_____ for _____ dose: _____ by Dr. _____

_____ for _____ dose: _____ by Dr. _____

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_____ for _____ dose: _____ by Dr. _____

Add separate page if additional space is needed

Family Mental Health History:

(Depression, Anxiety, Substance Abuse, Hospitalizations, Suicide Attempts, etc)

Mother: _____ Maternal Grandparents:_____

Aunts/Uncles: _____ Cousins: _____

Father: _____ Paternal Grandparents:_____

Aunts/Uncles:_____ Cousins: _____

Siblings: _____ Kids: _____

Any other important information to share: _____

_____

_____

_____

_____

_____

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