

**INSIDEOUT DYNAMICS, Inc.**  
**PSYCHOSOCIAL ASSESSMENT**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

Therapist: \_\_\_\_\_

**DIRECTIONS: Please answer the following questions as fully as possible.**

**Problem Assessment**

Present problem - "In recent months, I have worried a lot about..."

*Please circle all that apply:*

Marital Issues

Health Issues

Job Issues

Financial Issues

Parent/Child issues

Issues from the past (guilt, abuse, neglect, family of origin issues,

etc.)

Other \_\_\_\_\_

Symptoms: *Please circle all that apply:*

Change in sleep patterns

Decreased concentration

Change in appetite

Increased anxiety

Decreased energy

Suicidal feelings

Decreased motivation

Other \_\_\_\_\_

**Suicidal/Homicidal Ideation**

Have you attempted to commit suicide or homicide in the past?  yes  no If yes, how? \_\_\_\_\_

Is there a history of suicide in your nuclear and/or extended family?  yes  no

Have you ever inflicted burns or wounds to yourself?  yes  no

Are you presently suicidal/homicidal?  yes  no

What event(s) in the recent past has/have prompted you to seek counseling? \_\_\_\_\_

Describe additional problems you are experiencing.

When did these problems develop?

Circle any losses you have experienced.

Family

Health

Disruption of lifestyle

Job

Significant other

Other \_\_\_\_\_

List your strengths and weaknesses.

Strengths

Weaknesses

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

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

**Psychiatric History**

Please list any previous outpatient counseling experiences.

Place \_\_\_\_\_

Length of time there \_\_\_\_\_ Dates \_\_\_\_\_

Have you ever been admitted to the hospital for mental health or addiction issues?

Place \_\_\_\_\_

Length of time there \_\_\_\_\_ Dates \_\_\_\_\_

Name of current doctor and/or therapist \_\_\_\_\_ List

all medications you have taken *in the past* for anxiety, depression, and/or sleep. \_\_\_\_\_

\_\_\_\_\_

**Medical Information:**

How would you describe your current condition of health? \_\_\_\_\_

Are you currently on any medication?  yes  no

Name of medication Dosage/Frequency Prescribing Physician

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Has it been more than a year since your last physical exam including blood test?  yes  no

Have you ever had an abortion?  yes  no

Do you have allergies?  yes  no If yes, explain \_\_\_\_\_

List any previous health problems, operative procedures, and medical hospitalizations:

<u>Problem</u>	<u>Dates</u>	<u>Treatment</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Substance Abuse History**

Describe your current usage or usage within the past year (including alcohol, caffeine and tobacco).

<u>Substance</u>	<u>Amount</u>	<u>Frequency</u>	<u>Age of 1<sup>st</sup> use</u>	<u>Age regular use started</u>	<u>Last use</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you experienced a recent increase in the use of alcohol and/or other substances?  yes  no

Do you see your current usage as a problem?  yes  no If yes, when did it become problematic? \_\_\_\_\_

\_\_\_\_\_

Please describe any previous experience with drugs or alcohol.

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Describe any significant family history of substance abuse. \_\_\_\_\_

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**Nutrition:**

Have your eating habits changed recently?  yes  no If yes, please describe \_\_\_\_\_

Has your weight fluctuated more than +/- 10 lbs. over the previous year?  yes  no

Do you often eat out of depression, boredom, anger?  yes  no If so, please describe \_\_\_\_\_

Do you ever self-induce vomiting?  yes  no

How do you feel about eating with others in a group? \_\_\_\_\_

Do you ever binge eat or feel your eating is out of control?  yes  no If yes, please describe. \_\_\_\_\_

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If you use laxatives, water pills (diuretics), or diet medications, how often do you use them? \_\_\_\_\_

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**Legal History:**

*Please explain all that apply:*

Charges as a minor \_\_\_\_\_

Charges presently \_\_\_\_\_

Arrests (how many) \_\_\_\_\_

Incarcerations (how many) \_\_\_\_\_

Parole \_\_\_\_\_

Convictions (how many) \_\_\_\_\_

Probation \_\_\_\_\_

Bankruptcy \_\_\_\_\_

Civil Suits \_\_\_\_\_

Child Custody Problems \_\_\_\_\_

**Development History:**

List members of your family of origin and how you get along with each one.

Family Member

Comment

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What was your birth order? \_\_\_\_\_ of \_\_\_\_\_ children Who primarily raised you? \_\_\_\_\_

How would you describe your childhood?  Traumatic  Painful  Uneventful

What were you like as a child (include friends, school, hobbies, and personality)? \_\_\_\_\_  
\_\_\_\_\_

Were there any unusual or traumatic experiences for you as a child?

<u>Date</u>	<u>Age</u>	<u>Event</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Living Arrangements:**             Satisfactory       Unsatisfactory

Where do you currently live? \_\_\_\_\_ For how long? \_\_\_\_\_

With whom are you living? \_\_\_\_\_

Describe your current relationships with family members.

\_\_\_\_\_

**Support System:**

Who can you count on for support? *Circle as many as apply:*

Parents   Spouse   Siblings   Employer   Church   Co-Worker   Therapist  
Neighbor(s)

Extended Family   Close Friend   Self-help Group   Community Services   Pastor   Medical Doctor

Other \_\_\_\_\_

**Financial Situation:**

Describe briefly your financial situation.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Marital History (if applicable):**

When were you married? \_\_\_\_\_ Name and age of spouse \_\_\_\_\_

Previous marriage    yes       no      If yes, date of divorce \_\_\_\_\_

Any children from this marriage?

\_\_\_\_\_

What is your perception of your current marriage (include communication patterns, problems, sexual relations).

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List names and ages of children.

Name	Age	How do you get along with each one? Comment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Religious/ Cultural Factors:**

Please list issues which are important or may have affected you in regard to religion / cultural background.

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What is your religious background? \_\_\_\_\_

Do you currently attend church, synagogue, or mosque?  yes  no

**Work Adjustment History:**

Describe your current job/career \_\_\_\_\_

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What do you like/dislike about your employment/career? Please list:

Like	<u>Dislike</u>
_____	_____
_____	_____

Would you enjoy doing this job on a long-term basis? \_\_\_\_\_

If you could have any job/career, what would you choose? \_\_\_\_\_

Why would you choose this? \_\_\_\_\_

How do you deal with authority figures? \_\_\_\_\_

Describe your relationship with co-workers \_\_\_\_\_

Describe your job performance \_\_\_\_\_

Have you ever been fired?  yes  no If yes, explain \_\_\_\_\_

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How many jobs have you held within the previous five years? \_\_\_\_\_

**Military History:**

List branch, dates, and duties. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Educational History:**

What was school like for you? \_\_\_\_\_  
Highest level achieved? \_\_\_\_\_ What type of grades did you make? \_\_\_\_\_  
Currently in school?  yes  no If yes, what level? \_\_\_\_\_

**Family:**

Would it be beneficial for any members of your family to be involved in your treatment?  yes  no  
If yes, explain who and why. \_\_\_\_\_  
\_\_\_\_\_

**Miscellaneous:**

Are there any other things that can be helpful for us to know about you? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
Date