

Scioto Paint Valley Mental Health Center
Social History and Needs Assessment

Date:

Name:

Clinic:

FAMILY HISTORY

Describe the family in which you grew up (primary caregivers, siblings, birth order):

Describe childhood and adolescence (atmosphere, location, significant events):

Any significant childhood issues that are impacting current presenting problem? Yes No

(Please check all that apply to parents, grandparents, and siblings)

History of Mental Illness: Yes No

History of Substance Abuse: Yes No

History of Criminal Activity: Yes No

History of Violent Behavior: Yes No

History of Medical Problems: Yes No

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MEDICAL INFORMATION

Have you been compliant with medication instructions in the past? Yes No

Have you ever been pregnant? Yes No

Number of pregnancies: Have any resulted in "live births"? Yes No

Number of live births: Birth Control? Yes No

Birth control method:

Do you have any special nursing needs? Yes No

If yes, specify:

Do you experience limitations due to physical health or disability? Yes No

If yes, explain:

Name of personal physician: Phone Number:

Treating facility:

INTIMATE RELATIONSHIPS AND CURRENT LIVING SITUATION

Current marital status: Married Divorced Single

If ever married, number of times:

If married (or in a significant relationship) more than once, explain the reasons for each divorce or separation:

Describe relationship with current partner:

Sexual issues of concern:

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Current living arrangement:

Number of people, including you, living in the home:

Do you need food, clothing or shelter? Yes No

Have you moved in the past two years? Yes No

If you have moved, how many times?

Current home atmosphere:

Describe your current living situation:

Are you satisfied with his/her current living situation? Yes No

Do you have children? Yes No

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

CULTURAL, GENDER, AND SPIRITUAL CONSIDERATIONS

Do you identify with a particular cultural group? Yes No

If so, describe the group:

Gender and/or Sexual Orientation Issues: Yes No

If so, explain:

Gender Expression: Male Female Other

Primary Religious Affiliation:

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Do you have spiritual strengths? Yes No Spiritual problems? Yes No

Are there cultural, gender, sexual orientation, or spiritual beliefs likely to impact treatment?

EDUCATIONAL AND DEVELOPMENTAL INFORMATION

Are there any problems of an academic nature? Yes No

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

Name and location of school/college/training program:

Highest grade completed:

Were you in special-education classes? Yes No Unknown

Describe school functioning:

Can you read and write? Yes No Unknown

Do you have a history of developmental delay? Yes No Unknown

If yes, specify:

Do you have qualities that could be academic strengths? Yes No

VOCATIONAL INFORMATION

Current employment status:

If employed, how long at current job?

Do you have problems of a vocational nature? Yes No

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Are you satisfied with current job? Yes No N/A

Any difficulty performing work or work-like activity? Yes No

Please describe the severity/frequency of work problems of any kind:

Work History:

FINANCIAL STATUS

Source of income received in the last 12 months:

Do you have financial problems? Yes No

If yes, explain:

LEGAL HISTORY

Do you have any past or present legal history or legal involvement? Yes No

If yes, complete this section If no, skip this section Information not available

Present legal involvement:

Past legal involvement:

Reasons for last incarceration, when and how long:

Are you currently awaiting charges, trial or sentencing? Yes No N/A

Last arrested for (offense):

Date:

Military Veteran: Yes No

Branch: Army Navy Air Force Coast Guard Marines

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Discharge: Honorable General Medical Dishonorable Other

Gambling Issues:

Are you over the age of 12? Yes No **(If No, do not answer the following questions)**

In the past 12 months;

Have you been preoccupied with gambling? Yes No

Have you needed to gamble with larger amounts of money to get the same feeling?

Yes No

Have you often gambled longer, with more money or more frequently, than you intended?

Yes No

Have you made attempts to either cut down, control or stop gambling? Yes No

Have you borrowed money or sold anything to get money to gamble? Yes No

CHILDREN OR PERSONS WITH GUARDIANS ONLY

(For use with minor's only)

Developmental History

Information not available. **(Proceed to Infant Temperament Section)**

All early developmental issues are reported within normal limits. **(Proceed to Infant Temperament Section)**

There are some developmental issues worth noting. **(Please complete all items below that you answer 'yes' to and include age of onset)**

Were there complications with the pregnancy? Yes No

Did the mother sustain any major injury/illness while pregnant? Yes No

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Did the mother use tobacco, alcohol, street drugs or prescription drugs during pregnancy?

Yes No

Was the delivery premature or overdue?

Yes No

Were there complications with the labor/delivery?

Yes No

Development

Gross motor development: Early Average Delayed Don't know

Fine motor development: Early Average Delayed Don't know

Cognitive development: Early Average Delayed Don't know

Expressive communication: Early Average Delayed Don't know

Receptive communication: Early Average Delayed Don't know

Self-care (feeding, dressing, toileting):

Early Average Delayed Don't know

Social Skills:

Early Average Delayed Don't know

Comments:

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Infant Temperament

Easy to comfort Yes No Information not available

Quiet/alooof Yes No Information not available

Excessive irritability Yes No Information not available

Overactive Yes No Information not available

Describe early sleeping and feeding habits:

Miscellaneous:

Gang Involvement: Yes No Age: Grade:

Immunizations current and up-to-date? Yes No

Any neuropsychological issues? Yes No

If yes, describe:

Has the client lived outside the home? Yes No

If yes, where? Foster Care Relative
 Group Home Shelter
 Halfway House Correctional Facility
 Hospital Other Residential Treatment Facility
 Residential Treatment Facility (Alcohol/Drug)

Past Significant Events:

Significant medical condition of a parent/caregiver

Medical conditional of a child

Post-partum adjustment problems of mother

Mental Illness of parent/caregiver

Substance abuse of parent/caregiver

Separation/ divorce of parent/caregiver

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- Adoption
- Abandonment by significant adult caregiver
- Death of a parent/caregiver
- Mental retardation/developmental disorder of a parent/caregiver
- Incarceration of a parent/caregiver

Completed by:

Please type your full legal name:

Relationship to client:

Date:

Please Click Button Below to Submit