

Eden Counseling Center, Inc.

Social History

Name: _____ Age: _____ Sex: _____ Today's Date: _____

Birth Date: _____ Birth Place: _____ Where did you grow up:

Current Marital Status: (check one)
order:

List your children and their current ages in birth

Married Separated _____
 Single (Never married) Divorced _____
 Widowed Unmarried Couple _____

PHYSICAL HEALTH:

Physician: _____ Height: _____ Weight: _____ Date of last exam?

List medications and dosages you're currently taking

Do you have any allergies? No Yes **If yes, explain**

In the past 2 weeks were your sleep patterns (*Check one*) Typical or Unusual
Check all that apply: Nightmares Insomnia Early morning waking Difficulty falling asleep
 Restless

In the past 2 weeks were your daily eating habits (*Check one*) Typical or Unusual
Check all that apply: 1-2 meals 2-3 meals snacks

Do you have any current or past eating disorders? No Yes **If yes, explain**

Do you have any current or past sexual problems? No Yes **If yes, explain**

Are you presently experiencing emotions and/or moods that affect your day to day functioning?

(*Check one*) Never Seldom Often (6 times a year)

(*Check all that apply*) Anxiety Frustration Manic states Depression

COUNSELING HISTORY:

Have you had any prior counseling? No Yes **If yes, describe**

List any support groups you attend

Is there a family history of (*Check all that apply*) ___ Alcoholism ___ Substance Abuse ___ Mental Illness

Has anyone in your family been treated for a psychiatric disorder? ___ No ___ Yes **If yes, explain** ___

DRUG/ALCOHOL HISTORY:

Have you ever used alcohol and/or drugs to change or alter your behavior or mood? ___ No ___ Yes

If yes, explain: _____

Have you ever been charged with DWI/DUI? ___ No ___ Yes **If yes, please explain**

Complete the following for family members who use or have a history of alcohol/drug abuse

Family Member Received	Substance Used	Current Use (yes or no)	Treatment
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FAMILY & SOCIAL HISTORY

FATHER: *Please answer questions as it was during your childhood*

Occupation _____ **Highest Level of**

Education _____

Emotional Health ___ Good ___ Fair ___ Poor

Physical Health ___ Good ___ Fair ___ Poor

Describe your father/child relationship

MOTHER: *Please answer questions as it was during your childhood*

Occupation _____ **Highest Level of Education** _____

Emotional Health ___ Good ___ Fair ___ Poor

Physical Health ___ Good ___ Fair ___ Poor

Describe your mother/child relationship

With whom did you live during your childhood?

List brothers and sisters (including you) in birth order and give their current ages:

Describe your childhood (*Check one*) ___ Happy ___ Unhappy ___ Mixed

Explain: _____

Describe your adolescence (*Check one*) ___ Happy ___ Unhappy ___ Mixed

Explain: _____

Were you abused? ___ No ___ Yes (*Check all that apply*) ___ physically ___ emotionally ___ verbally ___ sexually

EDUCATIONAL HISTORY

Indicate your highest level of education

Did you have difficulty in school? ___ Yes ___ No If yes, explain _____

Describe any specialized skills for which you have training, certification or licensure

VOCATIONAL STATUS

Describe your employment history for the past five years beginning with your current position

Employer	Position	Time in Job	Reason for leaving
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any physical/emotional problems that prevent your being employed

JOB PERFORMANCE

Has your employer or supervisor ever expressed any of the following concerns to you? *(Check all that apply)*

- | | | |
|---|--|---|
| <input type="checkbox"/> Missing too much work | <input type="checkbox"/> Assigned tasks not completed | <input type="checkbox"/> Irresponsibility |
| <input type="checkbox"/> Poor/bad attitude | <input type="checkbox"/> Difficulty getting along with others | <input type="checkbox"/> Late too often |
| <input type="checkbox"/> Attitude/behavior change | <input type="checkbox"/> Difficulty getting along with supervisors | <input type="checkbox"/> Increased errors |

MILITARY HISTORY

Have you ever served in the military service? ___ No ___ Yes **If yes when? From** _____ **To** _____

Which branch _____ **Rank at discharge** _____

Did you ever serve in combat? ___ No ___ Yes **If yes, describe**

LEGAL HISTORY

Do you have any pending legal action? ___ No ___ Yes **If yes, please explain**

Are you currently on probation and/or parole? No Yes **If yes, please explain** _____

LEISURE, RECREATIONAL INTERESTS & HOBBIES

Would you consider your life as (*Check Yes or No for each area*)

Work oriented Yes No Family oriented Yes No
Self oriented Yes No People oriented Yes No
Leisure oriented Yes No Recreation oriented

Yes No

Activities you enjoy doing by yourself

Activities you enjoy with your family

Activities you enjoy with your friends

Do you have physical limitations that prevent exercise or physical activity? No Yes
If yes, what are they? _____

Do you exercise on a regular basis? No Yes

If yes, how many times per week? (*Check one*) 1-2 times 3-4 times 5+ times

Are you able to separate drug / alcohol use from your activities? No Yes Sometimes
 NA

CHURCH ATTENDANCE

Do you attend church? No Yes If yes, where _____

How often do you attend? (*Check one*) Regularly Occasionally Seldom
Never

SPIRITUAL HISTORY

The following information will contribute to the therapist's understanding of your spirituality. It is our intent to be sensitive to your personal beliefs without imposing our doctrinal perspective.

While growing up, did you attend church? ___ No ___ Yes If yes, how important a part of family life was it?

Briefly describe your present involvement in your church

Are spiritual issues or resources important to you in therapy? If yes, explain briefly

I would describe God as . . . _____

I think God sees me as . . . _____

How is your relationship with God right now?

The most positive religious experience I have had is . .

• _____

The most negative religious experience I have had is . .

• _____

Have there been any significant changes in your spiritual life or perceptions within the past year?

If yes, please explain briefly _____

Please add any additional information or comments that you feel might be significant below...
