

## THREE RIVERS THERAPY

Patient Name		Today's Date	___/___/_____
Mailing Address		Birthdate	___/___/_____
Email Address		Home Phone	
Appt. Reminders	<input type="checkbox"/> call <input type="checkbox"/> text <input type="checkbox"/> email	Cell Phone	

**ADULT Psychosocial Data – Self-Report**

1. For what reason have you come here today? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## 2. CHILDHOOD History:

Are you aware of any DEVELOPMENTAL DELAYS as a child? ( ) No ( ) Yes

Did you have any LEARNING DIFFICULTIES as a child? ( ) No ( )

Any RELIGIOUS UPBRINGING as a child? ( ) None ( ) Protestant ( ) Catholic ( ) Other \_\_\_\_\_

Did you experience ABUSE, NEGLECT or TRAUMA as a CHILD? ( ) No ( ) Yes

With whom did you live growing up? \_\_\_\_\_

I was child # \_\_\_\_\_ with \_\_\_\_\_ brothers and \_\_\_\_\_ sisters growing up.

## 3. FAMILY/ RELATIONSHIP History:

Is there a family history of substance abuse? ( ) No ( ) Yes Who/What \_\_\_\_\_

Is there a family history of mental illness? ( ) No ( ) Yes Who/What \_\_\_\_\_

Is there a family history of completed suicide? ( ) No ( ) Yes Who/How \_\_\_\_\_

I have been married \_\_\_\_\_ times. Current marital status: ( ) Married ( ) Single ( ) Separated ( ) Divorced

I have \_\_\_\_\_ living CHILDREN of a total of \_\_\_\_\_ children.

My most SUPPORTIVE relationship(s) is/are with \_\_\_\_\_

My biggest PROBLEM relationship(s) is/are with \_\_\_\_\_

Have you experienced ABUSE or TRAUMA as an ADULT? ( ) No ( ) Yes

4. EDUCATION, WORK, FINANCES:

Highest level of EDUCATION completed: ( ) High School ( ) Some College ( ) Undergrad Degree ( ) Graduate Degree

MILITARY SERVICE? ( ) No ( ) Yes

Currently Employed? ( ) No ( ) Yes

Types of Work over the years \_\_\_\_\_

Any serious WORK-RELATED STRESSORS at this time? ( ) No ( ) Yes

Any serious FINANCIAL STRESSORS at this time? ( ) No ( ) Yes

5. LEGAL ISSUES:

Do you have any CURRENT LEGAL ISSUES? ( ) No ( ) Yes

Do you have any PAST LEGAL issues? ( ) No ( ) Yes

6. SPIRITUALITY:

Describe your current religious or SPIRITUAL BELIEFS, practices. For example, do you believe in a Higher Power or God, attend services, meditate, etc. \_\_\_\_\_

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

7. SEXUALITY ISSUES:

Any SEXUALITY issues, past or present? ( ) No ( ) Yes

Have you been either the Victim or Perpetrator of Sexual Violence at any point in your life? ( ) No ( ) Yes

8. COPING:

What's been your MOST STRESSFUL LIFE EXPERIENCE \_\_\_\_\_

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

How did you cope? \_\_\_\_\_

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

Check the following STRENGTHS you see in yourself/your life:

- Physical Health
- Family Support
- Motivated
- Personality
- No Major Financial Stressors
- Good Sense of Humor
- Community Support
- Energetic
- Strong Education
- Employed in a Job I Like
- Assertive
- Supportive Friends
- Hard Worker
- Hobbies/Activities
- Care about Others
- Insightful
- Spirituality
- Optimistic
- Children
- Pets
- Other \_\_\_\_\_

What do you CURRENTLY do for FUN and RELAXATION? \_\_\_\_\_

What did you USED TO DO for FUN and RELAXATION? \_\_\_\_\_

9. MENTAL HEALTH:

- Ever had a psychiatric hospitalization?      ( ) No      ( ) Recently      ( ) In the past
- Ever tried to kill yourself?      ( ) No      ( ) Recently      ( ) In the past
- Had thoughts of wanting to kill yourself?      ( ) No      ( ) Recently      ( ) In the past
- Tried to harm yourself in other ways?      ( ) No      ( ) Recently      ( ) In the past
- Tried to harm someone else?      ( ) No      ( ) Recently      ( ) In the past
- Overused alcohol or used other drugs?      ( ) No      ( ) Recently      ( ) In the past
- Been in substance abuse treatment?      ( ) No      ( ) Recently      ( ) In the past
- Been in counseling before?      ( ) No      ( ) Recently      ( ) In the past

Had an appointment with a health care provider within the past month?      ( ) No      ( ) Yes

Circle any of the following with which you are currently experiencing problems:

Sleep    Appetite    Concentration    Energy Level    Sex Drive    Crying Spells

Is there anything else that might be helpful for me to know? \_\_\_\_\_

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