

**Therapy for Children, Adults and Families, Inc.**  
**2233 Hamline Ave., N. Suite 523**  
**Roseville, MN 55113**  
**651-697-9981**

**Social History**

Name: \_\_\_\_\_ Date \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Relationship status: \_\_\_\_\_

**I. Family:** Please list immediate family members and other significant individuals.

Name		Age	Yrs of Education or highest degree	Occupation	Lives in the home? Yes/no
Spouse / partner –					
Son / daughter					
Son / daughter					
Son / daughter					
Brother / sister					
Brother / sister					
Brother / sister					
Parent					
Parent					
Other					

a. Have there been major upsets or significant changes in family life or family structure (birth, death, divorce, adoption, foster placement, recent move, etc.)? Explain:

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b. Are there other significant people in your life? (friends, co-workers, church members, other relatives, etc.)? Explain:

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c. How do members of the family get along? Explain:

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**II. Medical:** please list all medical conditions that you have been diagnosed with and when:

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a. Any hospitalizations? When and why?

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b. Are there any genetic conditions or illnesses that have affected your health and development? Explain:

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c. Past and present medication use (when, reason prescribed, dosage, side effects, etc.)

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d. Who is your medical doctor?

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e. Do any members of the family have major illnesses or chronic health problems? Explain:

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### **III. Educational**

a. What level of education have you completed? \_\_\_\_\_

b. College major? \_\_\_\_\_

c. Did you experience any learning or adjustment problems at any level of school (pre-school, primary, elementary, middle, high school, college, graduate school)? Explain

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**IV. Social:** Please describe any life impacting events that have occurred in your life. Please indicate the date or estimated time period for each.

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**V. Family:** Any family members with a history of the following conditions?

Anxiety, Depression, Bi-Polar Disorder, Substance Abuse, Trauma, Schizophrenia. If yes; who, what diagnosis, when and treatment received.

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**VI. Mental and Emotional Health**

1. How would you describe your mental and emotional health at this time?  
Poor Fair Good Very Good Excellent

2. Have you ever received therapy or counseling? Yes/No.  
If yes, please list dates, reasons, therapist(s):

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3. Are you currently (or in the past) taking medications? Yes/No  
If yes, please list medications, dosage and dates:

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4. Current stressors in your life:

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5. Have you ever had suicidal thoughts, plans or attempts? Yes/No If yes, when and why?

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6. Current presenting problem(s): \_\_\_\_\_

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**VII. SUBSTANCE ABUSE**

1. Do you consume alcoholic beverages? Yes/No. If yes, How often? \_\_\_\_\_

2. How much alcohol do you usually consume when drinking? \_\_\_\_\_

3. Has anyone ever expressed concern about your alcohol and/or drug use? Yes/No If yes, who and why?

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4. Have you ever been to AA/NA, drug/alcohol rehab or therapy for addiction or substance use? Yes/No If yes, explain:

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**VII. Other Relevant Information:** Please use this space to provide any other information that you think may be relevant to your current issues and why you are pursuing help at this time:

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