

Heartwood Counseling  
Peggy C Mahan, MA, LPC, Play Therapist

heartwoodcounseling.com

# Adult Psychosocial Assessment

Intake Date \_\_\_\_\_

Client Name \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

DOB \_\_\_/\_\_\_/\_\_\_ Age \_\_\_ Occupation \_\_\_\_\_

Home Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Home Phone Number \_\_\_\_\_

Work Phone Number \_\_\_\_\_

Cell Phone Number \_\_\_\_\_

Email address \_\_\_\_\_

Referred by \_\_\_\_\_

Employed \_\_\_ Yes \_\_\_ No

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

\_\_\_\_\_

Presenting issues that bring you here today?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Household Family Members Names and Ages:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Other Family Members Living Outside the Home

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CHEMICAL USE HISTORY

Are you currently taking prescription medication? \_\_\_ Yes \_\_\_ No

What is the name of the medication? \_\_\_\_\_

Dosage? \_\_\_\_\_

Physician name and phone \_\_\_\_\_

Psychiatrist name and phone \_\_\_\_\_

And for what reasons? \_\_\_\_\_

How often do you use alcohol or other drugs (legal or illegally)?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What do you use? \_\_\_\_\_

Have you ever been through an alcohol or chemical dependency treatment program?

\_\_\_ Yes \_\_\_ No When? \_\_\_\_\_

Where? \_\_\_\_\_

Are you currently in a 12 Step Program? \_\_\_ Yes \_\_\_ No

## PHYSICAL AND MENTAL HEALTH

Have you had a serious illness in the past 12 months? \_\_\_ Yes \_\_\_ No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever seen a counselor or therapist before? \_\_\_ Yes \_\_\_ No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been hospitalized for mental illness? \_\_\_ Yes \_\_\_ No

If yes, please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please Circle any of the following you have experienced over the past 12 months:

- |                         |                                     |                          |                   |                             |
|-------------------------|-------------------------------------|--------------------------|-------------------|-----------------------------|
| Trouble Sleeping        | Sleeps too much                     | Lack of appetite         | Headaches         |                             |
| Dizziness               | Memory Problems                     | Lack of energy           | Isolation         |                             |
| Overly active           | Anxiety                             | Restricts Food           | Over Eats         | Negative body image         |
| Self esteem issues      | Cries often                         | Self injurious behavior  | Identity concerns |                             |
| Hearing voices          | Depression                          | Temper outbursts         | Mood swings       | Lost interest in activities |
| Seeing things not there | Thoughts of hurting others          | Thoughts of hurting self |                   |                             |
| Verbally aggressive     | Physical, sexual or emotional abuse | Grief/ Loss              | Divorce           |                             |
| Head injury (THI)       | Intrusive Thoughts                  | Illegal Drug Use         | Phobias           | Intimacy Issues             |

Have you ever threatened or attempted suicide? \_\_\_ Yes \_\_\_ No

If yes, please explain. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have any of the above been present? (Please list the symptom or behaviors as well as the length of time)

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

What major changes have occurred during your lifetime? (Births, deaths, location moves, changes in work, divorce or separation, anyone move in or out of the household, any major surgeries or hospitalizations?)

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Which of these occurred in the past year?

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What else do you think I should know about you?

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How did you hear about Heartwood Counseling?

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