

# Rhonna W. Phillips

## Counseling & Therapy Services, LLC

### PSYCHOSOCIAL HISTORY FOR INDIVIDUAL INTAKE & ASSESSMENT

Client Name: \_\_\_\_\_ Intake date: \_\_\_\_\_  
Preferred or nickname: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_ Zip \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ IDs Gender as: \_\_\_\_\_  
Ethnicity as: \_\_\_\_\_ Country born in: \_\_\_\_\_  
Highest Grade/degree completed: \_\_\_\_\_ Major: \_\_\_\_\_  
Current School: \_\_\_\_\_ for \_\_\_\_\_  
Military service? You or close relative? \_\_\_\_\_  
Current Job: \_\_\_\_\_ Co: \_\_\_\_\_ How long? \_\_\_\_\_  
Currently living with? \_\_\_\_\_ Referred by: \_\_\_\_\_

**Problem?** “ \_\_\_\_\_ ”

**Event that triggered appt:** \_\_\_\_\_

Attach separate notes if you prefer to write more detail. If your counseling is Conjoint, only submit what you are willing to share with other session members.

### SOCIAL & INTIMATE RELATIONSHIPS:

**First Significant intimate relationship:** Year met \_\_\_\_\_ At \_\_\_\_\_ Age \_\_\_\_\_  
Year dated \_\_\_\_\_ Age \_\_\_\_\_ Year lived together \_\_\_\_\_ Age \_\_\_\_\_  
Year married \_\_\_\_\_ Partner was age \_\_\_\_\_ You were age \_\_\_\_\_ # yrs married \_\_\_\_\_  
If Divorced, how long/yrs \_\_\_\_\_ Why did the rel end? \_\_\_\_\_

Biological Children of this relationship	Stepchildren of this relationship
Names/Gender/Age:	Names/Gender/Age:
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Which of these children visit w/you now? \_\_\_\_\_

Any that do not, why? \_\_\_\_\_

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**Second Sig relationship/ Marriage:** Year met \_\_\_\_\_ At \_\_\_\_\_ Age \_\_\_\_\_  
Year dated \_\_\_\_\_ Age \_\_\_\_\_ Year lived together \_\_\_\_\_ Age \_\_\_\_\_  
Year married \_\_\_\_\_ Partner was age \_\_\_\_\_ You were age \_\_\_\_\_ # yrs married \_\_\_\_\_  
If Divorced, how long/yrs \_\_\_\_\_ Why did the rel end? \_\_\_\_\_

<b>Biological Children of this relationship</b>	<b>Stepchildren of this relationship</b>
<b>Names/Gender/Age:</b>	<b>Names/Gender/Age:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Which of these children visit w/you now? \_\_\_\_\_  
Any that do not, why? \_\_\_\_\_

**Other PAST Significant Intimate Relationships** \_\_\_\_\_  
\_\_\_\_\_

**Current intimate relationship status:**

Dating, Girl/Boyfriend, Live together, Married. If married, # \_\_\_\_\_  
Year met \_\_\_\_\_ At \_\_\_\_\_ age \_\_\_\_\_  
Year dated \_\_\_\_\_ Age \_\_\_\_\_ Year lived together \_\_\_\_\_ Age \_\_\_\_\_  
Year married \_\_\_\_\_ Partner was age \_\_\_\_\_ You were age \_\_\_\_\_ # yrs married \_\_\_\_\_  
If Divorced, how long/yrs \_\_\_\_\_ Why did the rel end? \_\_\_\_\_

<b>Biological Children of this relationship</b>	<b>Stepchildren of this relationship</b>
<b>Names/Gender/Age:</b>	<b>Names/Gender/Age:</b>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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Which of these children visit w/you now? \_\_\_\_\_

Any that do not, why? \_\_\_\_\_

Age 1<sup>st</sup> sexually active \_\_\_\_ Sexual identity \_\_\_\_ # sex partners in past 6 mos \_\_\_\_

Happiest memory of any intimate relationship \_\_\_\_\_

Worst memory of any intimate relationship's \_\_\_\_\_

Any: **Domestic Violence** Y/N \_\_\_\_\_

**Legal Probs** Y/N \_\_\_\_\_ Lawsuits Y/N \_\_\_\_\_

Arrests Y/N \_\_\_\_\_ DUI Y/N \_\_\_\_\_

Court Dates \_\_\_\_\_ Name of Lawyer \_\_\_\_\_

Court orders \_\_\_\_\_ Name of Probation officer \_\_\_\_\_

\$ Concerns Y/N \_\_\_\_\_ Child Support paid & current or unpaid \_\_\_\_\_

Attach additional notes if needed to explain above.

**Self harm:** your own thoughts or actions: \_\_\_\_\_

significant other's thoughts or actions \_\_\_\_\_

**Suicidal:** your own thoughts or actions: \_\_\_\_\_

significant other's thoughts or actions \_\_\_\_\_

**Homicidal:** your own thoughts or actions: \_\_\_\_\_

significant other's thoughts or actions \_\_\_\_\_

**Weapons** you have access to? \_\_\_\_\_

Pistol/s, Shotguns, ammo, Hunting knives, Dangerous pills, Other: \_\_\_\_\_

**Office use:** N/A, Ideation \_\_\_\_ Plan \_\_\_\_ Access \_\_\_\_ Attempts \_\_\_\_ Intent \_\_\_\_

Current Risk: Low, Medium, High-Warn \_\_\_\_\_

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**FAMILY OF ORIGIN:**

Your Support system is: \_\_\_\_\_ **Religion:** Raised \_\_\_\_\_,  
Current Religion: \_\_\_\_\_ Attend: \_\_\_\_\_

**Parents** Married \_\_\_\_\_ yrs, If Divorced you were age \_\_\_\_\_ You lived w/ \_\_\_\_\_

Mother remarried Y/N # \_\_\_\_\_ Father Remarried Y/N # \_\_\_\_\_  
Contact w/ non custodial parent was: \_\_\_\_\_

Relationship w/ Step Fa was: \_\_\_\_\_  
w/ Step Mo was: \_\_\_\_\_

**Sibling Birth Oder: Name/Age, Gender, Biological/Step/or Half, Parent:**

1<sup>st</sup> \_\_\_\_\_

2<sup>nd</sup> \_\_\_\_\_

3<sup>rd</sup> \_\_\_\_\_

4<sup>th</sup> \_\_\_\_\_

5<sup>th</sup> \_\_\_\_\_

6<sup>th</sup> \_\_\_\_\_

Happiest memory of childhood \_\_\_\_\_

Worst memory of childhood \_\_\_\_\_

**History of Abuse:** Verbal Y/N Emotional Y/N Physical Y/N Sexual Y/N Explain:  
\_\_\_\_\_  
\_\_\_\_\_

**Family's History:** (Depression, Anxiety, Subst Abuse, Suicide Attempts, Hosp ..)

Mother: \_\_\_\_\_ Maternal Grandparents: \_\_\_\_\_

Aunts/Uncles: \_\_\_\_\_ Cousins: \_\_\_\_\_

Father: \_\_\_\_\_ Paternal Grandparents: \_\_\_\_\_

Aunts/Uncles: \_\_\_\_\_ Cousins: \_\_\_\_\_

Siblings: \_\_\_\_\_ Kids: \_\_\_\_\_

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**Alcohol use:**

Beer # \_\_\_\_\_ per day, # days \_\_\_\_\_ per week

Wine # \_\_\_\_\_ per day, #days \_\_\_\_\_ per week

Hard Liquor # \_\_\_\_\_ per day, # days \_\_\_\_\_ per week

Last Marijuana use \_\_\_\_\_ Freq per day \_\_\_\_\_ week \_\_\_\_\_

**Substances** that you use socially/ recreationally: \_\_\_\_\_

Substances you abuse: \_\_\_\_\_ Freq per day \_\_\_\_\_ week \_\_\_\_\_

Have you or anyone close to you ever been concerned about your Alcohol or substance use? \_\_\_\_\_ Tobacco use per day \_\_\_\_\_

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**MENTAL/ HEALTH TREATMENT:**

Past or present treatment by a **Psychiatric** Dr. Y/N:

Dr. \_\_\_\_\_ for \_\_\_\_\_ Yr \_\_\_\_\_

Dr. \_\_\_\_\_ for \_\_\_\_\_ Yr \_\_\_\_\_

If any more or any Residential treatment or Psychiatric hospitalizations please list, by date, on separate paper

**Mental health Counselors:** Current \_\_\_\_\_ Since \_\_\_\_\_ for \_\_\_\_\_  
If considering a change why? \_\_\_\_\_

Past:

Counselor \_\_\_\_\_ Age/Year \_\_\_\_\_ how long \_\_\_\_\_ for \_\_\_\_\_

Counselor \_\_\_\_\_ Age/ Year \_\_\_\_\_ how long \_\_\_\_\_ for \_\_\_\_\_

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Any past or present **Medical** Conditions: \_\_\_\_\_  
chronic conditions \_\_\_\_\_ Hosp: \_\_\_\_\_ Surgeries: \_\_\_\_\_

**Allergic** to any RX? \_\_\_\_\_

Past Medication: \_\_\_\_\_ for \_\_\_\_\_ by Dr. \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_ by Dr. \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_ by Dr. \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_ by Dr. \_\_\_\_\_

**Current Medication**, Herbs & Supplements, include contraception:

\_\_\_\_\_ for \_\_\_\_\_ dose: \_\_\_\_\_ by Dr. \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_ dose: \_\_\_\_\_ by Dr. \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_ dose: \_\_\_\_\_ by Dr. \_\_\_\_\_  
\_\_\_\_\_ for \_\_\_\_\_ dose: \_\_\_\_\_ by Dr. \_\_\_\_\_

Add separate page if additional space is needed

Any other important information to share: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

OFFICE NOTES: Potential Tx Goals: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plan \_\_\_\_\_

HMWK \_\_\_\_\_ RTC \_\_\_\_\_

\_\_\_\_\_  
Rhonna W. Phillips, MA Date

Licensed Professional Counselor & Supervisor

Licensed Marriage and Family Therapist

Collaborative Practitioner

Qualified Family & Domestic Relations Mediator

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