

**Rhonna W. Phillips**  
**Counseling & Therapy Services, LLC**

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**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: \_\_\_\_\_ Military service? You or close relative? \_\_\_\_\_

Current School: \_\_\_\_\_ for \_\_\_\_\_

Completed grade: \_\_\_\_\_ 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.

**SOCIAL & Current Intimate relationship:**

**Circle current intimate relationship status:**

Dating, Girl/Boyfriend, Live together, Marriage # \_\_\_\_\_

Year/Age Met \_\_\_\_\_ where \_\_\_\_\_ Year/Age began Dating \_\_\_\_\_

Year/Age Lived together \_\_\_\_\_ Year/Age Married \_\_\_\_\_ partner was

age \_\_\_\_\_ # yrs married \_\_\_\_\_ Who else resides w/you? \_\_\_\_\_

Names/Gender/Age of kids biological to you both:

\_\_\_\_\_

Partners' kids: \_\_\_\_\_

\_\_\_\_\_

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**Sig rel/ Marriage #** \_\_\_\_\_ Year/Age met \_\_\_\_\_ Year/Age dated \_\_\_\_\_  
Year /Age lived together \_\_\_\_\_ Year/Age married \_\_\_\_\_ # yrs married \_\_\_\_\_  
Year/ Age divorced \_\_\_\_\_ Why \_\_\_\_\_

Children's Names/Gender/Age: \_\_\_\_\_  
\_\_\_\_\_ Stepchildren from this relationship- Names/Gender/Age: \_\_\_\_\_

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

**Sig rel/ Marriage #** \_\_\_\_\_ Year/Age met \_\_\_\_\_ Year/Age dated \_\_\_\_\_  
Year /Age lived together \_\_\_\_\_ Year/Age married \_\_\_\_\_ Year/ Age  
divorced \_\_\_\_\_ Why \_\_\_\_\_ Children's Names/Gender/Age: \_\_\_\_\_

\_\_\_\_\_ Stepchildren from this relationship- Names/Gender/Age: \_\_\_\_\_

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

**Other Significant Intimate Relationships** past or present \_\_\_\_\_

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

Intimate relationship's worst memory \_\_\_\_\_

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

**DUI** Y/N \_\_\_\_\_ **Arrests** Y/N \_\_\_\_\_ **Court Dates** \_\_\_\_\_

**Name of Lawyer** \_\_\_\_\_ **Court orders** \_\_\_\_\_

**Name of Probation officer** \_\_\_\_\_ **Lawsuits** Y/N \_\_\_\_\_

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

Attach additional notes if needed to explain.

**FAMILY OF ORIGIN:**

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: \_\_\_\_\_

Bio **Siblings:** Name/Gender/Age: \_\_\_\_\_

½ sibs or Step sibs Name/Gender/Age \_\_\_\_\_

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

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

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

**MENTAL/ HEALTH TREATMENT:**

Any past or present **Medical** Conditions: \_\_\_\_\_

chronic conditions \_\_\_\_\_ Hosp: \_\_\_\_\_ Surgeries: \_\_\_\_\_

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

# Tobacco use per day \_\_\_\_\_ **Alcohol use:** Beer # per day/week \_\_\_\_\_

Wine # per day/week \_\_\_\_\_ Hard Liquor # per day/week \_\_\_\_\_

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

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

\_\_\_\_\_ Freq per week \_\_\_\_\_ Have you or anyone close to

you ever been concerned about your Alcohol or substance use? \_\_\_\_\_

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Past **Psychiatric** treatment Y/N: Dr. \_\_\_\_\_ for \_\_\_\_\_ Yr \_\_\_\_\_

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

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

Current/recent **Mental health Counseling** providers: Where \_\_\_\_\_

w/ who \_\_\_\_\_ Since \_\_\_\_\_ for \_\_\_\_\_

Counselor \_\_\_\_\_ Year \_\_\_\_\_ for \_\_\_\_\_.

Counselor \_\_\_\_\_ Year \_\_\_\_\_ for \_\_\_\_\_.

Counselor \_\_\_\_\_ Year \_\_\_\_\_ for \_\_\_\_\_.

If considering a change why? \_\_\_\_\_

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

\_\_\_\_\_ for \_\_\_\_\_ by Dr. \_\_\_\_\_.

\_\_\_\_\_ for \_\_\_\_\_ by Dr. \_\_\_\_\_.

\_\_\_\_\_ for \_\_\_\_\_ by Dr. \_\_\_\_\_.

**Current Medication**, Herbs & Supplements, incl 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

**Family Mental Health History:**

(Depression, Anxiety, Substance Abuse, Hospitalizations, Suicide Attempts, etc)

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

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

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

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

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

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

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

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Plan \_\_\_\_\_

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

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Rhonna W. Phillips, MA Date  
Licensed Professional Counselor & Supervisor  
Licensed Marriage and Family Therapist  
Collaborative Practitioner  
Qualified Family & Domestic Relations Mediator

Rev. 05-2016