

Psychosocial Assessment

Personal Information

Client Name:

Date of Birth:

Gender:

Contact Information

– Home Address:

– Phone Number:

– Email:

Presenting Issue

Reason for Referral:

Current Challenges:

Support Systems:

Background Information

Family Background

Family Structure:

Family Members:

Relationship Dynamics:

Cultural Background:

Family Support:

Education and Employment

Educational Background:

Current Employment:

Occupation:

Job Satisfaction:

Health History

Physical Health:

Mental Health History

– Previous diagnoses or treatments:

– Current medications:

Substance Use:

Legal Involvement

Legal History

– Past or present legal issues:

– Probation, parole, or court orders

Social and Environmental Factors

Housing and Neighborhood

Current Living Situation:

Stability of Housing:

Neighborhood Environment:

Social Support

Support Systems:

Isolation or Loneliness:

Cultural and Spiritual Beliefs

Cultural Identity:

Spiritual or Religious Beliefs:

Importance of Cultural/Spiritual Practices:

Leisure and Recreational Activities

Hobbies and Interests:

Recreational Activities:

Psychological and Emotional Well-being

Mood and Affect:

Coping Mechanisms:

History of Trauma:

Self-Esteem and Self-Image:

Goals and Aspirations

Short-term Goals:

Long-term Goals:

Aspirations for Change:

Additional Comments

Client's Perspective:

Social Worker's Observations:

Recommendations and Interventions

Immediate Action Steps:

Referrals for Additional Services:

Potential Collaborations: