

Pre-Admission Assessment:

Date: _____

Client Name: _____ DOB: _____ Age: _____

Informant: _____ Relationship to client _____

Client currently lives with: _____ Relationship: _____

I. PRESENTING PROBLEM

1. Describe the major events /recent problems for seeking placement:

2. Current Stressors (i.e., family, school, job, relationships, etc.): _____

3. Current Living Arrangement: Alone Spouse Relative _____ Mate Friend(s)
 Other: _____

4. Are you satisfied with current living arrangement? yes no If no, explain: _____

5. Current Marital Status: Single Married Divorced Widowed Separated Common law

How many times have you been married? : _____ Length of each marriage: _____

6. Do you have children? yes no If yes, how many? _____

Ages/gender: _____

7. Do they live at home? yes no If no, explain: _____

8. Describe how the current problem has affected the family, children, or significant other: _____

9. Spiritual/Religious Preference: _____

Client Name: _____ Age: _____ Date: _____

10. Are you currently under the care of psychiatrist, physician, counselor or clinic? No Yes
 If yes, where? _____ For how long? _____

Clinician's Name: _____ Phone number: _____

11. Are you currently taking prescription medication? No Yes

List current medications first and any over-the-counter medications, vitamins or supplements:

Name of Medication	Dose	When/How taking	How long taken	Side Effects	Prescribing M.D.

12. Medication Allergies: _____

13. Major Diseases/Illnesses/Accidents/Special Needs/Invasive Procedures: _____

14. Does the Client have any of the following? HIV (tested positive) Date: _____

AIDS Date diagnosed: _____ Hepatitis B Date diagnosed: _____

Hepatitis C Date diagnosed: _____ Sexually Transmitted Disease Specify: _____

Treated yes no Date diagnosed: _____ Date treated: _____

Diabetes (type): _____ Date Diagnosed: _____

Seizure disorder (type): _____ Date Diagnosed: _____

Heart Disease (type) _____ Date Diagnosed: _____

Blood pressure- (circle high or low) Thyroid disorder Date Diagnosed: _____

Respiratory Disease (type) _____ Date diagnosed: _____

15. Hospitalizations:

When	Where	Reason	Length of Stay

Client Name: _____ Age: _____ Date: _____

16. Previous Diagnosis: _____

17. Any history of suicidal threats or attempts? no yes explain: _____

II. FAMILY OF ORIGIN:

1. Parent's Age: Father _____ Mother _____ Natural Parents Adoptive Parents Grandparents
 Other Family/Friends (if other explain): _____

2. Are parents divorced? no yes If yes, when? _____

3. Stepparent(s) How long have they been a step parent? S-Mother _____ S-Father _____

4. If client adopted: when? _____ (if from another country) Where: _____

5. Special circumstance(s) surrounding the adoption?: _____

6. Place of Birth? : _____

7. Describe the relationship(s) with Caregiver(s): _____

8. List Name(s), age(s), sex of siblings, and whether or not living at home, away, or deceased:

9. Describe relationship with sibling(s): _____

10. Type(s) of discipline used with client and result(s): _____

11. Significant issues from childhood effecting current illness/behavior/problems: _____

Client Name: _____ Age: _____ Date: _____

III. FAMILY HISTORY (Psychiatric and Physical Disorders/Illnesses)

1. Significant physical illness in family? no yes If yes, describe: _____

2. Significant psychiatric illness in family? no yes If yes, describe: _____

3. Family history of substance abuse? no yes If yes, describe: _____

4. Family history of aggressive behavior or legal problems? no yes If yes, describe: _____

5. Has current illness affected family relationships? no yes If yes, describe: _____

IV. DEVELOPMENTAL HISTORY:

1. Mother's Pregnancy Normal or Unremarkable No Information Available Abnormal?

If abnormal, describe: _____

2. Developmental Milestones Normal Delayed No Information Available

Walking 12-months Later If later, when? _____

Talking (3 word sentences) 24-months Later If later, when? _____

3. Birth up to 1 year: Normal or Unremarkable No Information Available Abnormal?

If abnormal, describe: _____

4. 2 to 5 years: Normal or Unremarkable No Information Available Abnormal?

If abnormal, describe: _____

5. 6 to 12 years: Normal or Unremarkable No Information Available Abnormal?

If abnormal, describe: _____

Client Name: _____ Age: _____ Date: _____

Developmental History Cont.

6. 13 to 18 years: Normal or Unremarkable No Information Available Abnormal?

If abnormal, describe: _____

7. History of Head injuries or Concussions? no yes If yes, describe: _____

8. History of: Seizures Blackouts Migraines ?

What age did it first occur ? _____ How long did it last? _____

What were you doing prior to the 1st episode? _____

When was the last episode? _____ How long did it last? _____

What were you doing prior to the last episode? _____

V. CLIENT HISTORY OF ALCOHOL OR DRUG ABUSE

1. Have you ever used: Alcohol Tobacco Marijuana Stimulants Inhalants

Hallucinogens Prescriptions OTC Other: _____

What is your drug of choice? _____

At what age did you first use? _____ At what age did regular use begin? _____

Quantity & Frequency of regular use _____

When did you last use? _____ Quantity Used in Last 24 hours? _____

Any Previous treatment for Alcohol or Drug Abuse? no yes If yes,

When, Where, and for How Long? _____

What were the results from the treatment received? _____

Client Name: _____ Age: _____ Date: _____

VI. EDUCATION:

1. Highest grade level completed: High School Diploma GED College Degree _____
 Some College _____ Currently enrolled in school? yes no explain: _____

2. Difficulty in school due to learning disabilities? yes no explain: _____

3. Problems in School? no yes explain: _____

4. Strengths in School? _____

5. Extra Curricular Activities in School? _____

6. Family History of School Problems/Disabilities? no yes explain: _____

VII. EMPLOYMENT HISTORY

1. Is the Client currently employed? yes no
2. Present Occupation: _____
3. Length of time at current job: _____
4. How many jobs has the client had: _____
5. Longest time at one job: _____
6. Has the Client had frequent job changes? yes no
 If yes, reason for frequent job changes _____

7. If unemployed, how long has the client been unemployed: _____
 For what reason did the unemployment occur? _____

VIII. MILITARY HISTORY

1. Is the client currently in the military? yes no if yes, what branch? _____
2. Number of years in the military? _____ Discharge type: _____
3. War time service? yes no If yes, for how long? _____
4. Child of military parent(s)? yes no

Client Name: _____ Age: _____ Date: _____

IX. LEGAL HISTORY:

- 1. Client has never been arrested
- 2. Any current or prior: DWI DUI Arrests Probation(s) Pending Charges Please explain: _____

X. HISTORY OF VIOLENT BEHAVIOR TOWARD SELF/OTHERS(including animals/pets)

- 1. Has the Client ever made verbal threats of violence toward self or others? no yes explain: _____

- 2. Has the client ever made threats with a weapon toward self or others? no yes explain:____

- 3. Has the client ever been physically aggressive toward self or others? no yes explain____

- 4. Has the client ever been physically aggressive with a weapon toward self or others? no yes explain: _____

XI. SOCIAL / SEXUAL HISTORY

- 1 The Client is able to create and maintain friendships yes no
- 2 The Client is able to relate to peers in a respectful manner yes no
- 3 The Client is able to relate to adults in a respectful manner yes no
- 4 The Client is sexually active yes no
- 5 The Client practices safe sex yes no
- 6 The Client’s sexual partners are: Opposite sex Same sex Both
- 7 Does the Client have frequent thoughts of sexual acts? yes no

If yes, what acts and with whom? _____

- 8 Has the Client received severe consequences as a result of sexual behavior? yes no
- If yes, please explain: _____

Client Name: _____ Age: _____ Date: _____

9 Has the Client ever touched others sexually without their permission? yes no

If yes, please explain: _____

10 Has the Client ever been abused: Physically Sexually Emotionally

Please explain by Whom, When, and last time it occurred: _____

11 Was the incident of abuse ever reported? yes no

If yes, to whom and when was it reported: _____
Outcome of the reported incident: _____

XII. GRIEF/LOSS

1. Has the client experienced a recent loss (death , divorce etc.) yes no

If yes, whom? _____ When? _____

How has the loss affected the client? _____

XIII. REASON FOR SEEKING HELP

. What is the client's goal for receiving help? _____

What is the family's goal for the client seeking help? _____

Please list the top 3 areas of concern which you would like help with (ie, depression, anger, impulsivity, insomnia, anxiety, etc.) _____
