

Psychological Health, Wellness, & Development, Inc.

PSYCHOSOCIAL ASSESSMENT

IDENTIFYING INFORMATION

NAME OF CLIENT:
SPOUSE/PARENT:
CHILDREN:
DATE OF BIRTH OF CLIENT:

REFERRAL SOURCE

Who referred you/your child?:

PRESENTING PROBLEM

What brought you or your child to therapy?:
Briefly describe your concerns/symptoms:
When did this change and how much did it change?:

PAST MENTAL HEALTH TREATMENT

Please list and identify reason for treatment:

