



# AUSTIN PSYCHIATRIC CONSULTANTS

*Psychological Assessment, Individual, Group, Couples, Family, & Play Therapy*

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*A division of Psychiatric Consultants of Ft. Worth, PA  
Serving the mental health needs of Texans since 1979*

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## Social History Form

Name: \_\_\_\_\_ Date: \_\_\_\_\_

### **Family of Origin:**

Where did you grow up?: \_\_\_\_\_

With whom did you live growing up? \_\_\_\_\_

How many siblings do you have?: \_\_\_\_\_

How often do you speak to your family members?: \_\_\_\_\_

If your parents are divorced, how old were you when this occurred?: \_\_\_\_\_

Was there any abuse (physical, emotional, sexual) in your family?: \_\_\_\_\_

Any family history of mental illness, hospitalization, "nervous breakdown"?: \_\_\_\_\_

### **Academic:**

How far did you go in school?: \_\_\_\_\_

Did you take any special education classes, use a tutor, or get held back?: \_\_\_\_\_

Please list any other problems you had in school: \_\_\_\_\_

Do you have any plans for continuing your education in the future?: \_\_\_\_\_

### **Employment:**

Current job: \_\_\_\_\_ How long held? \_\_\_\_\_

Previous job(s): \_\_\_\_\_

Have you had any problems with job instability? \_\_\_\_\_

**Social Situation:**

With whom do you live currently? For how long?: \_\_\_\_\_

Are you married? For how long?: \_\_\_\_\_

Do you have any children – please list ages, genders: \_\_\_\_\_

If you have had divorces, subsequent marriages, please list: \_\_\_\_\_

What are your hobbies?: \_\_\_\_\_

With whom do you spend your free time?: \_\_\_\_\_

Have you ever been in trouble with the authorities?: \_\_\_\_\_

How often/much do you drink alcohol?: \_\_\_\_\_

Do you use any other substances?: \_\_\_\_\_

Have you ever gotten in trouble due to drug/alcohol use?: \_\_\_\_\_

\_\_\_\_\_

Is there any family history of substance abuse?: \_\_\_\_\_

**Medical:**

List any medical problems/medication: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current Symptom Expression:**

Please list current symptoms that brought you to the office:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_