

PSYCHOSOCIAL ASSESSMENT

CLIENT NAME_____ **DATE**_____

[illegible]

MARRIAGE/FAMILY HISTORY

SUBSTANCE USE HISTORY

CLIENT NAME _____ **DATE** _____

MEDICAL/PSYCHIATRIC HISTORY _____

MEDICATIONS _____

TRAUMA HISTORY _____

EDUCATION _____

DIAGNOSIS: **AXIS I** _____
 AXIS II _____
 AXIS III _____
 AXIS IV _____
 AXIS V _____ **GAF** _____

TREATMENT PLAN _____

THERAPIST _____ **DATE** _____