

**PSYCHOSOCIAL INTAKE EVALUATION**

**Presenting Problem/Reason For Evaluation and/or Testing:**

**Prior Treatment (for Presenting Problem), if any:**

A. Medical/Psychiatric Care-

Name of current physician, telephone #:

Date of most recent medical evaluation or physical exam:

Current or past significant medical problems/ hospitalizations:

Current medications:

Current use of alcohol/medication/social drugs:

Last date of use (alcohol/medication/social drugs):

B. Psychological/Therapy -

C. Prior 12 Step experience-

D. Known relapse triggers-

**Recent Stressors:**

**Social and Family History:**

A. Birthplace/Primary Residence:

B. Parents- alive/deceased - pt's age if deceased, occupations, current location. married/separated/divorced – (pt's age if sep or div):

C. Siblings-ages, occupations, current location, married/separated/divorced, children:

D. Marriage/Significant Others/Partner/s: date/s of marriage/divorce, length of time in relationships

E. Children/Stepchildren:

F. Significant Friendships: (“Who knows you’re here to see me?” “Who do you talk with at least once weekly?”)

**Current Living Situation:**

**Childhood Developmental Issues:**

**Please highlight any of the following which apply to you or your family:**

Drug/alcohol problems    Compulsive behaviors: food, money, sex, gambling, work, other  
Twelve step programs    Suicidal/homicidal    Stress    Anxiety    Depression    Mental illness  
Physical/sexual/emotional abuse    Domestic violence    Rape    Criminal/ legal problems  
Dysfunctional marriage/family    Miscarriage    Adoption    Abortion    Debt/ Money problems

**Cultural Background/Cultural Concerns:**

**Spiritual Attitudes/Beliefs:**

**Current and Past Hobbies/Pursuits/Self-Care:**

- A. List all present and past non-academic pursuits (dating back to high school)
  
- B. Number of years involved (age X-age X) in each past/current activity
  
- C. Number of hours/week spent outside of work and activities at present time:
  - i. Individual pursuits:
  - ii. Family/Significant Other pursuits:
  - iii. Social (small or large group) pursuits:
  - iv. Physical/exercise:
  - v. Sleep habits (avg. # hours/night, interrupted vs. continuous, usual time to bed/awake)
  
  - vi. Eating habits (# “regular” meals/day, # snacks/day, types of foods usually eaten, etc.)
  
  - vii. “Vices” – smoking, gambling, shopping, eating, drinking, sex (internet, strip clubs etc.)

**Meaningful/Important/Critical Events and/or Trauma History:**

- A. Childhood
- B. Adolescence
- C. College and Graduate School
- D. Jobs/Other Training
- E. Relationships

**Any History of Emotional, Mental, Sexual, Physical, or Spiritual Abuse?**

**Intimate Relationship History**

List all meaningful/important intimate relationships you have had in chronological order. Please note how long each relationship has lasted and how/why each relationship ended. Please identify all important relationships (even if they were brief), including your first sexual experience and first sexual partner.

**Academic History (grades, social networks, significant problems):**

- A. Elementary School:
- B. High School:
- C. College:
- D. Graduate School:
- E. Other Training:

**Occupational History:** (any past places, type/s of work, dates worked --- through the present time/most recently)

- A. "Regular" work day schedule -
  - Usual time you begin and end work/hospital rounds/office or clinic hours
  - Average number of hours worked per day
  - Average number of hours worked per week

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**B. Vacations:**

When was your last vacation of at least 3 days – when/where/with whom  
When was your last vacation of at least 10 days – when/where/with whom  
When was your last vacation that was not part of a conference

**C. Problems at work-**

Staff or client/patient complaints  
Problems with peers/admin  
Any disciplinary issues or disruptive behavior issues

**D. Current job title –**

Length of time at current job -  
Current salary -

**Current financial situation:**

- a. Able to meet current financial obligations with current income
- b. Current credit card debt
- c. Other debts (not house or car)

**Legal History:**

- a. DUI
- b. Arrests/felonies/misdemeanors
- c. Number and type of traffic tickets in past 5 years
- d. Malpractice cases (dates and final disposition)  
Current Malpractice Carrier  
Past Malpractice Carrier
- e. Board (Medical/Dental/Pharmacy etc.)/Bar/Professional Licensing issues
- f. Other disciplinary issues
- g. Any formal or informal behavioral reprimands
- h. Bankruptcy or other financial issues

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**Military History:**

**COLLATERAL CONTACT INFORMATION:**

If I have requested this of you, all available collateral contacts (with signed Releases) should be made within 1 week of the evaluation period if possible. These outside information sources will help demonstrate that your information is accurate and reliable. Please write down name/s and telephone numbers here, and complete a signed Release Form for each person you list here, including their telephone and address. I will need at least 5 names of people you think know you well (ideally for more than 5 years).

1. Current Spouse/Partner/Significant Other/Girl-Boyfriend-
2. Prior Spouse/Partner/Significant Other/Girl-Boyfriend-
3. Children (adolescent or adult)-
4. Referral Source-
5. Professional peers/friends (same specialty and/or same office)-
6. Long-term friends (ideally from childhood and/or early adolescence)-
7. Any prior treatment providers (therapist/s, psychiatrist/s, in- or outpatient tx staff)-
8. Any current healthcare providers-
9. Attorney-

Please attach and/or send any supporting documentation available (police reports, court documents, discharge summaries etc.) If indicated, you may have your attorney do this.