



LAKESIDE COUNSELING
C E N T E R

Social History Questionnaire

Date _____

Patient's Legal Name _____

Patient's Preferred Name _____

Occupation _____

Employer _____

Relationship Status _____

Name of Spouse/Partner _____

Occupation of Spouse/Partner _____

Family History

Date of Birth _____ Place of Birth _____

Primary city (or cities) of residence during childhood and adolescence _____

Natural Father's Name _____

Is he living? _____

His Place of Employment _____

Please describe your father _____

Describe your relationship with your father _____

Natural Mother's Name _____

Is she living? _____

Her Place of Employment _____

Please describe your mother _____

Describe your relationship with your mother _____

How were you impacted by your family of origin? _____

List any step-parents and their relationship to you _____

List your brothers, sisters and yourself, from oldest to youngest (include ages):

Oldest _____	6 th _____
2 nd _____	7 th _____
3 rd _____	8 th _____
4 th _____	9 th _____
5 th _____	10 th _____

Interpersonal History

Please list your partners/spouses and your age when you were in the relationship(s):

Overall, how would you describe your relationship with your current partner/spouse:

List any children from oldest to youngest. Include their ages.

Oldest _____	6 th _____
2 nd _____	7 th _____
3 rd _____	8 th _____
4 th _____	9 th _____
5 th _____	10 th _____

Educational History

Last grade completed: _____

Where did you attend school? _____

What were your normal grades in school? _____

If you attended college, what did you major in? _____

Did you do well academically? _____

If you did not attend college, what did you do after high school? _____

Occupational and Military History

When did you begin working and what type of jobs have you held?

How long have you worked at your present job? _____

Are you satisfied with your present job? _____

If not, what is the cause of your dissatisfaction? _____

Are you a veteran? _____ If so, what branch of service _____

Date of discharge _____ Were you involved in combat? _____

Socio-Cultural History

How would you rate the financial status of your childhood home? _____

Were you raised in an urban ____ suburban ____ or rural ____ area?

Did you have a strong support group of friends when you were growing up? _____

How would you describe your current financial status? _____

Is your present home urban ____ suburban ____ or rural ____?

What role did religion play in your family of origin? _____

What is your religious preference? _____

Are you active in your religion? _____

To which racial or ethnic group do you primarily identify? _____

Legal History

Have you ever been convicted of any criminal offense? _____

If yes, of what offense and when? _____

Are you currently involved with any legal issue? _____

If yes, what? _____

Have you been a victim of a crime? _____

Is yes, please describe.

Substance Abuse History

Have any of your family members had problems with alcohol and/or drug abuse? _____

Please describe who, their relationship to you, and the substances they abused. _____

Please describe your alcohol and/or drug use, **past and present**. Specify frequency and type of substance used.

Have you ever received treatment for substance abuse?_____ If so, when and where was this treatment given?_____

Sexual History

Have you ever engaged in sexual intercourse? _____

If yes, at what age did you first engage in sexual intercourse? _____

How satisfied are you with the quality of your current sexual activity? _____

How do you identify your sexual orientation? _____

How do you identify yourself in terms of gender identity? _____

What are your preferred pronouns? _____

Do you have any concerns related to your gender identity of your sexual orientation? Is so, please describe.

Trauma History

As a child, were you abused? Sexually ___ Physically ___ Emotionally ___ Medically___

If yes, by whom? _____

As an adult, have you been abused? Sexually ___ Physically ___ Emotionally ___ Medically___

If yes, by whom? _____

Have you been impacted by Death ___ Divorce ___ Separation ___ Other trauma ___

If yes, please describe.
