

**Clear Path Transitions**  
**Psychotherapy and Counselling Services**

**Adult Psychosocial Assessment**

**Name:** \_\_\_\_\_

**DOB:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Family Doctor:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Emergency contact person and number:** \_\_\_\_\_

**1. What do you want help with at this time:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. When did this problem first begin:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. If there was a period when you did not have this problem was there anything different about you or about your life at that time:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**4. Describe your current functioning difficulties (eating, sleeping, panic attacks, anxiety, depression, concentration, hallucinations, voices, substance abuse, daily living task, etc.):**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**5. Are you currently having difficulties due to suicidal, homicidal, self harming and/ or family violence factors and stresses: YES \_\_\_\_\_ NO \_\_\_\_\_**

**A. If yes please describe:** \_\_\_\_\_

\_\_\_\_\_

**B. Explain any past history you have had with these types of difficulties:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**6. List your Mental Health and Addictions Treatment History (When, where, with whom):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Current medications:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**7. Do you have any current legal problems: Yes \_\_\_\_\_ No \_\_\_\_\_**

**Is there a past history of legal problems: Yes \_\_\_\_\_ No \_\_\_\_\_**

**IF yes please describe:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**8. Describe your academic and career history (successes and stresses):**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**9. Family members in your current household:**

**Name                      Age                      Gender      Relationship to you**

Name	Age	Gender	Relationship to you


**10. Individual and family life stressors:**  
**(Please check those that currently apply)**

- death or loss of a family member, close friend or pet
- divorce, separation, custody, visitation
- trauma recent or historical
- abuse current or historical
- financial
- housing
- physical illness/ injury (you or family member)
- child protection investigation/ placement
- pregnancy, miscarriage, abortion
- addiction
- retirement
- sexual difficulties
- adoption/ foster care
- move to new location
- other \_\_\_\_\_

**11. Family history (check all that apply)**

	Mental Illness	Substance Abuse	Legal Problems	Abusive	Abused	Physical Illness	Work Difficulties
Parent							
Step/Foster							
Mother							
Father							
Sister							
Brother							
Grandparent							
Aunt							
Uncle							

**12. I have some unresolved concerns and questions about my childhood. Yes\_\_ No\_\_**

**Please describe:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**13. List your personal strengths and your current self help strategies and support network contacts:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**14. Is there anything else that you would like your Therapist to know:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Client Signature**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Client Signature**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Client Advocate**

**Date:** \_\_\_\_\_

\_\_\_\_\_  
**Hal Wilhite, MMFT, RP, BA (Psych), RMFT**

**Date:** \_\_\_\_\_