

Jason M. Adams, LPC, NCC

Licensed Professional Counselor • National Certified Counselor
www.JasonAdamsOnline.com

SOCIAL HISTORY

CLIENT NAME

Last Name	First	Middle	Date of Birth
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SOCIAL HISTORY

Please describe any developmental, academic or behavior problems you experienced as a child, if any.

What is the highest level of education you have completed?

Grade ____ High school College Graduate school Degree(s): _____

How would you describe your current support network (friends, family, etc.)?

Please check all that apply to your biological mother:

Deceased Married Divorced Remarried

Please check all that apply to your biological father:

Deceased Married Divorced Remarried

Do you consider someone other than your biological parents (step-parent, grandparent, etc.) to be one or both of your "real" parents? If so, whom?

Describe your relationship with your parents growing up

Describe your current relationship with your parents

Please list your siblings

First Name	Age	Relationship (biological / step / half)
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Describe any family problems which occurred while growing up relating to alcohol/drug abuse

Describe any family problems which occurred while growing up relating to sexual/physical/emotional abuse