

Rich & Associates
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Brief Psychosocial History

Client Name: _____ Date of birth: _____

Parent Name(s): _____ Client Gender: M/F

Address: _____

Phone: hm _____ → ok to leave message? Y / N
cell _____ → ok to leave message? Y / N
other _____ → ok to leave message? Y / N
email _____ → ok to email? Y / N

Do you want a superbill to submit to your PPO insurance? Y / N

How did you hear about my services? _____

Circle the services you are interested in today: Group Therapy Individual Therapy Parenting
School Consultation Case Management

Please describe the current difficulties, including any social/emotional issues: _____

What toys, board games, etc., does s/he like to play with? _____

Problems with compliance/self-control? _____

Ethnic/racial/religious background: _____

Child's School: _____ Grade/Level: _____

Does your child have a current IEP? Y / N

Describe Any Special Services Provided by the School: _____

Difficulties noted by teacher: _____

Social/Family

Marital/relationship status: single married/partnered separated divorced widowed

If married/partnered, how long? _____

List children living at home:

Age:

Any siblings not living at home? Please list names and ages: _____

Work/Education

Your Occupation: _____ Hours employed: _____

Your Spouse's Occupation: _____ Hours employed: _____

Household income (circle one): <\$50K \$50-\$100K \$100-\$150K \$150K+

Education: Highest grade or level achieved and degrees held:

Yourself: _____ Spouse: _____

Child's Medical, Developmental, and Psychiatric History

Please describe any complications during pregnancy: _____

Did the mother drink alcohol or use drugs at any time during pregnancy, even before she knew she was pregnant? Y / N If yes, how much on how many occasions? _____

Please describe any developmental milestones that were either delayed or early: _____

Any difficulties in toilet training? _____

When did he say single words? _____ Phrases? _____ Sentences? _____

Problems with speech? _____

Other problems (e.g., gross or fine motor skills, handwriting, school performance) _____

Who is your pediatrician? _____ Immunizations current? Y / N

Sign here if you would like us to contact this doctor*: _____

List current/past medical problems (including vision/hearing): _____

Allergies: _____

Current medications (prescription & non):	Dosage:	Purpose
_____	_____	_____
_____	_____	_____

Name of prescribing physician and phone #: _____

Sign here if you would like us to contact this doctor*: _____

Please list any counseling or therapy your child has had (OT, speech, PT, individual therapy, social skills classes/parenting classes).

Name of therapist/class: _____ Dates: _____

Name of therapist/class: _____ Dates: _____

Name of therapist/class: _____ Dates: _____

Sign here if you would like us to contact these therapists*: _____

Has your child ever received a psychological or educational evaluation? If yes, what was the diagnosis?

_____ By Whom? _____

Date of Evaluation? _____

Sign here if you would like us to contact this doctor*: _____

Has your child ever been hospitalized for psychiatric reasons? Y / N

Hospital _____ Date: _____ Reason: _____

Who in your family has a history of the following mental health problems?

Depression/Bipolar _____

Anxiety _____

Autism _____

Attention/Deficit-Hyperactivity Disorder _____

Mental Retardation/Learning Disorders _____

Alcohol/Drug Abuse _____

Other _____

Is there anything else I need to know about your child and/or your family (e.g., Is a separation/ divorce pending...Recent death in the family...Child's best friend move away...Child adopted)? _____

*By signing, you give consent for Rich & Associates to release information about you/your child.