Family Service
OF THE PIEDMONT

Name:	**D.O.B.**: _/_/
F.S.P.#:	
Medicaid #:	**IPRS / LME #**:

BASIC ASSESSMENT

Assessment Date: _____

Thanks for choosing Family Service of the Piedmont. We're glad you are here.
Please read the following questions carefully: put a check (√) in the ☐ box(es) after each question and ***enter any other information*** that would assist in your services here. Your counselor will go over the information with you in more detail.

PLACE A √ IN THE BOXES AFTER EACH QUESTION AND ENTER ANY OTHER INFORMATION AS NEEDED.

Updates (*if applicable*) to Client's Presenting Problem(s) and Screening Information: _____

Social / Vocational/ Educational History:

☐ Married ☐ Committed Relationship ☐ Single ☐ Separated ☐ Divorced ☐ Widow(er) ☐ Other: _____

Children: ☐ Yes, ☐ No. If Yes, indicate if living at "home" - and "first name" – and "age" - and "M" or "F": _____

Problems or Stress with Child(ren): ☐ Yes, ☐ No. Explain: _____

Is your spouse / significant other supportive or emotionally available to you? ☐ *Yes,* ☐ *No. Explain:* _____

Would your spouse / significant other be willing to participate in your treatment here? ☐ *Yes,* ☐ *No. Explain:* _____

Relationship Problems with your spouse / significant other: ☐ Financial, ☐ Infidelity, ☐ Sex, ☐ Substance (Ab)use, ☐ Physical / Sexual Abuse, ☐ Extended Family, ☐ Other; explain: _____

Other relationship or family stressors: _____

Current employment status: ☐ Employed- ___ yrs, ☐ Unemployed- ___ months, ☐ Disabled / Seeking Disability-___ yrs; ☐ Other, explain: _____

Current or past job problems? ☐ Yes, ☐ No. Explain: _____

*Number of jobs last 12 months:*_____. *(if relevant) Ever been fired or terminated?* ☐ *Yes,* ☐ *No. Explain:* _____

How did you like school? _____. *What kind of classes were you in?* ☐ *Honors-CP,* ☐ *Regular,* ☐ *Special Educ.*
Extra-Curricular Activities? ☐ *Yes,* ☐ *None. Explain:* _____
Favorite Classes (if relevant) & Grades (A,B,C,D,F): _____
Least favorite classes (if relevant) & Grades (A,B,C,D,F): _____
How did you get along with your teachers? ☐ *Good,* ☐ *Not very good,* ☐ *Bad,* ☐ *Little or no interaction w/teachers.*
*Last Grade Completed:*_____. ☐ *G.E.D.* ☐ *Some College,* ☐ *Assoc. Deg,* ☐ *Tech. Deg.* ☐ *Bach.* ☐ *Mast.*
☐ *Other:* _____

Family History:

The home where you grew up, from your earliest memory, who was there? ☐ Biological Father, ☐ Biological Mother, ☐ Brother(s) #_____, ☐ Sister(s) #_____, ☐ Step-Father, ☐ Step-Mother, ☐ Adopted, ☐ Others living in the home:

Were your parents supportive/helpful towards ***each other****?* ☐ *Yes,* ☐ *No. Explain:* _____

Were your parents supportive/helpful towards ***you****?* ☐ *Yes,* ☐ *No. Explain:* _____

Were your parents involved in your school/extra-curricular activities? ☐ *Yes,* ☐ *No. Explain:* _____

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Were your parents involved in your friend's/ in your relationships? ☐ *Yes,* ☐ *No. Explain:* _____

_____

Were your parents involved with the legal system/criminal activities? ☐ *Yes,* ☐ *No. Explain:* _____

_____

Parent(s) deceased: ☐ Yes, ☐ No Who:_____ Brother(s) or Sister(s) Deceased (if relevant): ☐ Yes, ☐ No
Significance of family member's death(s): _____

_____

Are you or were you ever neglected? ☐ Yes, ☐ No. Explain: _____

_____

_____

Are you or were you ever verbally or emotionally abused? ☐ Yes, ☐ No. Explain: _____

_____

_____

Are you or were you ever physically abused? ☐ Yes, ☐ No. Explain (age at onset, frequency, duration, abuser, etc.): _____

_____

_____

Are you or were you ever sexually abused? ☐ Yes, ☐ No. Explain (age at onset, frequency, duration, abuser, etc.):

_____

_____

If neglected or abused, was it reported? ☐ Yes, ☐ No. Outcome? _____

_____

If not reported, why? _____

_____

Any Substance Abuse in your family? ☐ Yes, ☐ No. Explain who and what substances were abused: _____

_____

_____

Other significant family events (illnesses, job loss, relocation, financial, etc.): _____

_____

_____

Medical / Psychiatric / Legal History:

Allergies? ☐ Yes, ☐ No. List: _____

_____

_____

Do you take over-the-counter medications? ☐ Yes, ☐ No. List: _____

_____

Do you take any prescribed medications? ☐ Yes, ☐ No. List: (include regimen and dosing information) _____

_____

_____

_____

Do you have a history of seizures? ☐ Yes, ☐ No. Type: _____

Have you ever had a "closed-head injury" - sometimes called a "traumatic brain injury"? ☐ Yes, ☐ No. Explain:

_____

_____

Do you have any chronic illnesses such as Diabetes, High Blood Pressure, etc? ☐ Yes, ☐ No. List: _____

_____

_____

Have you ever been charged / convicted of a violent crime? ☐ Yes, ☐ No. If Yes, explain: _____

_____

_____

If "yes," what is your most recent serious / violent offense, and when: _____

_____

Have you ever been incarcerated? ☐ Yes, ☐ No. If yes, how long:___ . Was this your only incarceration?
☐ Yes, ☐No If you've been incarcerated before, explain: _____

_____