Psychosocial Assessment for Social Work

PERSONAL INFORMATION

Client Name: _____ Date of Birth: _____ dd / mm / yyyy

Gender

◯ Male ◯ Female ◯ Prefer not to say

CONTACT INFORMATION

Home Address

Phone Number: _____ Email: _____

PRESENTING ISSUE

Reason for Referral

Current Challenges

Support Systems

FAMILY BACKGROUND

Family Structure

Family Members

Relationship Dynamics

Cultural Background

Family Support

EDUCATION AND EMPLOYMENT

Educational Background

Current Employment

Occupation

Job Satisfaction

HEALTH HISTORY

Health History

Mental Health History

Substance Use

LEGAL INVOLVEMENT

Legal History

HOUSING AND NEIGHBORHOOD

Housing and Neighborhood

Stability of Housing

Neighborhood Environment

SOCIAL SUPPORT

Support Systems

Isolation or Loneliness

CULTURAL AND SPIRITUAL BELIEFS

Cultural Identity

Spiritual or Religious Beliefs

Importance of Cultural/Spiritual Practices

LEISURE AND RECREATIONAL ACTIVITIES

Leisure and Recreational Activities

Recreational Activities

PSYCHOLOGICAL AND EMOTIONAL WELL-BEING

Mood and Affect

Coping Mechanisms

History of Trauma

GOALS AND ASPIRATIONS

Short-term Goals

Long-term Goals

Aspirations for Change

ADDITIONAL COMMENTS

Client's Perspective

Social Worker's Observations

RECOMMENDATIONS AND INTERVENTIONS

Recommendations and Interventions

Referrals for Additional Services

Potential Collaborations