

General Social History

Name

Date (mm/dd/yyyy)

Instruction: If you are filling this out on behalf of the patient, please answer from the patient's perspective.

Which options below best describes your social situation?

Supportive social network

Few friends

Substance-use based friends

No friends

Distant from family of origin

Family conflict

Other (explain)

What is your current marital status?

What is the status of your intimate relationship?

What is the satisfaction level of your intimate relationship?

What is your sexual orientation?

What is your current living situation?

Who do you currently live with? (Please check all that apply)

Live alone

Roommates

Partner/Spouse

Parent(s)

Sibling(s)

Children

Other

Do you currently participate in spiritual activities?

What is your current occupation status?

What is your current yearly income?

What is your longest period of continuous employment? (Please include dates and description)

Employment Start

Employment End

Employment Description

What is your longest period of continuous unemployment? (Please include dates and description)

Unemployment Start

Unemployment End

Description

Please return this form to the office one day prior to your appointment or email it to hwanderson@q.com. Or, you may FAX it to 970-205-9462. If you choose to email it you can go to Sendinc at www.sendinc.com and mail it securely. You will need to set up an account, which is free. Thank you.