NORTHAMPTON COUNTY MENTAL HEALTH
ADULT SOCIAL HISTORY FORM
FOR ALL MH SERVICES
2801 Emrick Boulevard
Bethlehem, PA 18020
610-829-4840

CONFIDENTIAL
FOR PROFESSIONAL USE ONLY

Date of Intake: _____

NAME: _____ DATE OF BIRTH _____

ADDRESS: _____
(Number, Street, Apt. #) (City, State) (Zip Code)

PHONE: Home _____ Cell _____ Other _____

CURRENT AGE: _____ E-mail: _____

SEX: Male ☐ Female ☐ SOCIAL SECURITY: _____

EMERGENCY CONTACT: _____ RELATIONSHIP: _____

EMERGENCY CONTACT TELEPHONE: _____

SOURCE & AMOUNT OF MONTHLY INCOME:

☐ None: ☐ Employment: $ _____

☐ SSD/SSI: $ _____ ☐ Other: $ _____

☐ V.A.: $ _____ Total Household Income: $ _____

☐ U.S. CITIZENSHIP

REPRESENTATIVE PAYEE ☐ **YES** ☐ **NO**

NAME RELATIONSHIP / AGENCY CONTACT NUMBER

MEDICAL INSURANCE (S):
(Make Copy of Insurance Card)

☐ None ☐ Private Insurance ☐ Veterans

☐ Medicare ☐ Medicaid / Medical Assistance ☐ Magellan

Was this person open to Northampton County Mental Health before? ☐ YES ☐ NO

Service Provided: ☐ ICM ☐ OA ☐ Child ☐ Housing ☐ OP

What service are you being referred for now: ☐ ICM ☐ OA ☐ Child ☐ Housing ☐ OP

Who referred you to our agency? _____

Current Concerns & Challenges: _____

History of Suicidal / Self-Destructive or Homicidal/ Fire setting/ Assaultive Behaviors:

☐ YES ☐ NO

If YES, when & explain: _____

What services do you believe you need?

☐ Therapy ☐ Vocational/Employment ☐ Drop-In Center ☐ Housing

☐ Psychiatric Services ☐ Support Groups ☐ ICM / ACT ☐ Medication

☐ Other

Current / Most Recent Mental Health Providers:	Name	Dates
☐ Psychiatrist:		
☐ Therapist:		
☐ Psychologist:		
☐ Other:		

Previous Providers (Please list organization, name of contact and approximate dates of treatment) (Housing only):

_____

If you have ever been hospitalized OR in crisis residence for psychiatric or medical conditions, please list the following:

Hospital / Crisis Res Name:	Approximate Dates:	Reason:
1.		
2.		
3.		
4.		
5.		

List Previous types of therapy and/or medications you found helpful:

Medical History: Surgeries, serious accidents, or illnesses. Please include current and past medical diagnoses treatments, operations, etc.

Current Medications:

D & A Use: ☐ YES ☐ NO

If YES, explain:

D & A Treatment History: ☐ YES ☐ NO

If YES, explain:

Involvement in Child Welfare System: ☐ YES ☐ NO

If YES, explain:

Criminal History: ☐ YES ☐ NO

If YES, explain:

Probation Officer: _____ County: _____ Phone #: _____

Education History:

Name of School: _____ Highest Grade Completed: _____

Academic Performance: ☐ GOOD ☐ FAIR ☐ POOR

Behavior in School: ☐ GOOD ☐ FAIR ☐ POOR

Was or is there involvement with Special Education: ☐ YES ☐ NO

☐ LEARNING SUPPORT ☐ EMOTIONAL SUPPORT ☐ LIFE SKILLS

☐ GIFTED ☐ OTHER

Community Involvement: _____

Are you a veteran: ☐ YES ☐ NO

Are you currently active to or on reserve with any military branch: ☐ YES ☐ NO

Do you have issues with transportation to/from services: ☐ NO ☐ YES

Please list any times of the day, or days of the week, when you cannot make it in to the clinic for appointments:

_____

Please review your answers and, if there is anything else you feel would be important, please include it here:

_____

FAMILY HISTORY

Please list the names and relations of anyone who is a support to you:

_____

CHECK ANY OF THE FOLLOWING THAT HAVE OCCURRED PAST OR CURRENTLY OCCURING (H Only)

☐ Physical abuse	☐ Emotional Abuse	☐ Sexual Abuse
☐ Violent argument/fighting	☐ Chronic Illness	☐ Gang involvement
☐ Child abuse	☐ Incarceration	☐ Drug/Alcohol Abuse
☐ Divorce/Separation		☐ Foster Care/Residential Placement

Briefly describe any answers checked off:

_____

Family history of mental illness/drug/alcohol use (H only)

_____

Please list names and ages of children, if you have (H only)

1. _____
2. _____
3. _____
4. _____
5. _____

What do you do for leisure activities-hobbies, interests, etc. (H only)

_____

Do you get along with others (H only) ☐ **Yes** ☐ **No**
Briefly describe difficulties with others:

_____

Do you have a history of verbal or physically aggressive behavior (H only) ☐ **Yes** ☐ **No**
Please describe:

_____

Do you have a history of fire setting (H only) ☐ **Yes** ☐ **No**
Briefly explain:

_____

OCCUPATIONAL HISTORY (H ONLY)

Present Occupation/Employer: _____

Telephone number and length of time at job: _____

Number of jobs in past 5 years: _____

Previous Jobs:

_____

MONEY MANAGEMENT

How would you describe yourself in relation to spending, saving and managing money: (**H only**):

_____

Mental Status Exam (check all that apply)

Appearance:	☐ Dressed Appropriately ☐ Dressed Inappropriately
Hygiene:	☐ GOOD ☐ FAIR ☐ POOR
Behavior:	☐ Kinetic ☐ Lethargic ☐ Follow direction ☐ Followed with assistance ☐ Defiant
Speech:	☐ Pressured ☐ Normal ☐ Slow ☐ Loud ☐ Appropriate volume ☐ Soft ☐ Coherent ☐ Incoherent
Mood:	☐ Congruent to content ☐ Incongruent to content
Thought:	☐ Logical ☐ Illogical ☐ Psychotic ☐ Delusional
Hallucinations:	☐ Auditory ☐ Visual ☐ Tactile ☐ Olfactory ☐ Gustatory ☐ Absent
Cognition: Orientation to	☐ Person ☐ Place ☐ Time
Concentration:	☐ GOOD ☐ FAIR ☐ POOR
Memory:	☐ GOOD ☐ FAIR ☐ POOR
Insight:	☐ GOOD ☐ FAIR ☐ POOR
Judgement:	☐ GOOD ☐ FAIR ☐ POOR
Intelligence:	☐ Borderline ☐ Below Average ☐ Average ☐ Above Average
Suicide:	☐ Ideation ☐ Plan ☐ Action ☐ Absent
Homicide:	☐ Ideation ☐ Plan ☐ Action ☐ Absent

TREATMENT RECOMMENDATIONS:

Diagnostic Impression:

_____

Services Requested:

_____

Case Manager's Recommendation:

_____

Comments:

_____

_____

Case Manager / Date