



SOCIAL HISTORY-Sinagua

FAMILY INFORMATION and DEMOGRAPHICS

Your Name: _____

Today's Date: _____

Date of Birth: _____

Age: _____

Gender: M / F

Ethnicity: Asian

With whom do you usually live? _____

African American/Black

Were you adopted? Y / N At what age? _____

Anglo/White/Caucasian

Latino/Hispanic

Middle Eastern

Multi-racial

Native American

Pacific Islander

Other: _____

Referral source (name and contact information): _____

Please describe the primary reason(s) or concern(s) that have led you to enroll in ANASAZI at this time
(please list in order of concern—1 being the greatest):

AREA OF CONCERN

PLEASE EXPLAIN

1. _____

2. _____

3. _____

Please describe your strengths:

1. _____

2. _____

3. _____

RELATIONSHIPS

Check all that apply

How is your relationship?

NAME	Age	Gender	Step Sibling?	Adopted?	Lives at home?	Great	Good	Average	Poor	Bad	N/A
(Mother)		-----	-----	---							
(Father)		-----	-----	---							
(Step-Mother)		-----	-----	---							
(Step-Father)		-----	-----	---							
Sibling 1		M / F									
Sibling 2		M / F									
Sibling 3		M / F									
Sibling 4		M / F									
Sibling 5		M / F									
Sibling 6		M / F									
Sibling 7		M / F									
Sibling 8		M / F									
Other		M / F									
Other		M / F									
Other		M / F									

Parent/Guardian

How would you describe the relationship between you and your parents?

Office Use

Family

Has you experienced any of the following traumatic events?

Please check all that apply and explain the circumstances, year of the event, and impact that each of these events has had on your life (use the back page if more space is needed):

EVENT	CHECK	PLEASE EXPLAIN
Death of a Family Member		
Death of a Close Friend		
Death of a Pet		
Family Relocation		
Parental Conflict		
Divorce/Separation		
Major Illness/Disability/Injury		
Sibling Leaving Home		
Remarriage of a Parent		
Significant Sibling Conflict		
Arrest/Incarceration of a Family Member		
Other		

Office Use

What activities does your family enjoy participating in as a group?

- 1. _____ Does your child participate? Y / N
- 2. _____ Does your child participate? Y / N
- 3. _____ Does your child participate? Y / N
- 4. _____ Does your child participate? Y / N

What is the family's primary religious affiliation: _____

Does the family participate in religious activities? Y / N

Do you participate? Y / N

Please describe your participation in:

	Very low	Low	Moderat	High	Very High
Church/Temple/Synagogue attendance					
Prayer					
Reading (scripture, religious materials)					
Compliance with religious behaviors and values					
Attitude towards religious leaders/clergy					

Do you find enjoyment/satisfaction through participation? Y / N

Do you believe in God? Y / N Please explain: _____

What kind of discipline/consequences do your parents use with you?

- 1. _____ Your response? _____
- 2. _____ Your response? _____
- 3. _____ Your response? _____
- 4. _____ Your response? _____

Office Use

Has your family ever been involved with any Child Protective Services Agency? Y / N

Please Explain: _____

To the best of your knowledge, have you ever been abused:

- Physically Please explain: _____
- Sexually _____
- Emotionally _____

Peers

Office Use

How would you describe your social relationships?

What coping methods do you use to deal with feelings? _____

Substance Abuse

	No use	Experiment	Monthly	Weekly	Daily	When did you begin using? (Age, event)	With whom do you use ?	When did you last use this?	Any family history of problems with this?
Tobacco									
Alcohol									
Cannabis (Marijuana)									
Amphetamine (Speed, crystal Meth.)									
Cocaine (Crack)									
Hallucinogens (LSD, Mushrooms)									
Inhalents (gas, glue, Nitrus Oxide)									
Opiates (Derion, Demerol, Oxycontin, Percocet, Heroine)									
PCP/Retalar (angel dust)									
Sedatives (sleeping pills)									
Club Drugs (Ecstasy, Special K)									
Other:									

Violence/Gangs

	# of times	What age?	# citations	# of arrests	Description
Cruelty to animals					
Playing with fire					
Any gang related activity/association					
Threatened assault					
Assault					
Physical fight outside the home					
Destruction of property					
Sex offense					
Self-mutilation (cutting, burning, etc.)			—	—	
Attempted suicide			---	----	
Talked about suicide			---	----	
Planned suicide			---	----	
Other					

Other Illegal Activity/Risky Behaviors

	# of times	What age?	# citations	# of arrests	Description
Curfew violation					
Possession of Tobacco					
Possession of Alcohol					
Possession of Drugs					
Drug trafficking					
Runaway					
Shoplifting					
Robbery/Burglary					
Motor vehicle theft					
High risk/dangerous activities					
Other					

EDUCATION

Briefly describe your achievement in elementary and secondary school: _____

When did you first notice that your behavior was changing? Please explain: _____

	Completed	Suspended	Expelled	Alternative education?	A to B+	B+ to B	B to C+	C+ to C	C to D+	D+ to D	D- or less
6 th											
7 th											
8 th											
9 th											
10 th											
11 th											
12 th											

How many schools have you attended? _____
 Reasons for switching schools: _____

Office Use

Office Use

What do you estimate has been the total cost of mental health/behavioral health treatment for you prior to but NOT including ANASAZI?
(Please include out-of-pocket costs, insurance benefits and/or third party resources)

EMPLOYMENT HISTORY

Have you ever held a paid position (job)? Y / N (please list)

Job Title	Description	Age	Begin/end dates	Outcome (fired, laid off, quit, etc.)

AFTERCARE PLANNING

After you complete ANASAZI, with whom will you live?

- Both parents
- Mother
- Father
- Other family member: _____
- Self/roommates
- Other: _____

Will you return to the school you are currently enrolled in? Y / N

What other educational plans do you have? _____

Who has been a positive influence in your life that may be available for after care help?

- Grandparent Sibling Coach Teacher Spiritual leader
- Therapist Neighbor Peer Other family member
- Other: _____

After Care Treatment Plan

Check all that apply:

Long-term Treatment

Therapy

Community services

Residential treatment center	Other (list)	Transition program	Intensive out-patient	Out-patient	None	AA	NA	Religious	Boy/Girl club	Other

Please indicate program name(s) and/or providers: _____
