

CALIFORNIA STATE UNIVERSITY, FRESNO
Department of Social Work Education

Psychosocial Assessment Form

Identifying Information

Name:

Date:

Gender:

M

F

Other

Age

Ethnicity

Occupation:

Primary Language

Relationship Status:

Single

Married

Divorced:

Other:

Lives with:

Referral/Presenting Problem(s)/Concern(s)

Referral Source:

Reason for Referral:

History of Presenting Problem(s)/Concern(s)

Summary of History:

Current Functioning(complete all applicable areas):

Strengths:

School/Occupational Adjustment:

Social Adjustment:

Emotional Adjustment:

Health (include relevant medical history)

Family and Support System Information

Family in the Household:

Extended Family and/or Support Systems:

Summary of Family Interaction:

Community Context

Home and Neighborhood Environment:

Relationship with relevant macro systems (schools, workforce, public agencies, etc:)

Additional Information:

SOCIAL WORK SERVICE PLAN

Name:

Date of Plan:

Gender: M F Other Age:

MSW Intern:

Identified Needs:

- 1.
- 2.
- 3.
- 4.

Intervention Goals:

1.

2.

3.

4.

5.

Service Plan: (Include modality, intervention method, and frequency for each services)

1.

2.

3.

4.

5.