

**HILLSIDE, INC.
SOCIAL HISTORY**

Date:

Client Name:

Completed by:

For each item below please describe client's behaviors either in the past or recent (last 30 days)

1. Suicide attempts/threats:
2. Self Injury:
3. Hallucinations (seeing or hearing things that aren't there):
4. Eating issues (restricting food, purging, or binge eating):
5. Homicidal or terroristic threats:
6. Aggressive behaviors:
7. Running away
8. Stealing:
9. Fire setting:
10. Cruelty to animals:
11. Sexual behavior problems:
12. Enuresis (bed wetting):
13. Encopresis (inability to control bowel movements):
14. Substance abuse (alcohol, drugs, over the counter medications such as cough syrup):

Historical and Life Data

1. Child is: biological child Adoptive child
2. Developmental Delays
3. History of abuse (sexual, physical or emotional), neglect, exploitation (prostitution), or other traumatic events
4. Family history of mental illness or substance abuse
5. Describe family relationships
6. Describe family strengths
7. Juvenile justice/legal involvement
8. Medical issues
9. Religious/cultural beliefs
10. Previous foster home placements
11. Previous residential/group home treatment
12. Previous hospitalizations (when and why)
13. Education/school problems
14. Other important information