

**Psychosocial report**

**IDENTIFYING DETAILS**

Surname \_\_\_\_\_ Name \_\_\_\_\_

ID no. \_\_\_\_\_ Nick name \_\_\_\_\_

Date of birth \_\_\_\_\_ Age \_\_\_\_\_

Race \_\_\_\_\_ Sex \_\_\_\_\_

Home language \_\_\_\_\_ Religion \_\_\_\_\_

Educational level \_\_\_\_\_ Marital status \_\_\_\_\_

Physical Address \_\_\_\_\_

\_\_\_\_\_ Code \_\_\_\_\_

Home telephone \_\_\_\_\_ Work Tel \_\_\_\_\_

Cell no. \_\_\_\_\_

**Spouse and children's information**

Name of spouse \_\_\_\_\_ Tel no. (h) \_\_\_\_\_

Cellphone \_\_\_\_\_

Tel no. \_\_\_\_\_

**Next of kin (not living with patient)**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Surname: \_\_\_\_\_

\_\_\_\_\_

Relation: \_\_\_\_\_

\_\_\_\_\_

Telephone (H/W): \_\_\_\_\_

Cell phone: \_\_\_\_\_

Surname: \_\_\_\_\_

Name: \_\_\_\_\_

ID/Date of birth: \_\_\_\_\_

Nickname: \_\_\_\_\_

Age: \_\_\_\_\_

Race: \_\_\_\_\_

Sex: \_\_\_\_\_

School: \_\_\_\_\_

Address: \_\_\_\_\_

Tel: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**NATURE OF REPORT**

**FAMILY BACKGROUND**

- Family background and support systems:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Main reason for needing a treatment program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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- **Who is aware of your addiction?**

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**FAMILY COMPOSITION**

**PHYSICAL AND PSYCHOLOGICAL ASPECTS**

- **Physical / medical problems experienced?**

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**EDUCATION AND WORK BACKGROUND**

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**HISTORY OF DEPENDENCY**

- **Dependency history:**

**This includes drugs used and treatment program followed before.**

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**CRIMINAL RECORD**

**Police arrest or record?**

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**RELIGIOUS ASPECTS**

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**EVALUATION**

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**CARE PLAN AND AFTERCARE:**

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**RECOMMENDATIONS**

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**Social Worker:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Address:** \_\_\_\_\_

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**Contact details:** \_\_\_\_\_

**Date:** \_\_\_\_\_