

Psychosocial Assessment Template

Report Date: _____

Name of person submitting report: _____

Client/Patient name: _____

Client/Patient date of birth: _____

Date or initial assessment: _____

Basic Information	
Gender	
Referred by	
Current situation	
Safety assessment	
Emotional state	
Physical state	
Priority 1 needs (emergency needs)	
Priority 2 needs (urgent needs)	

Priority 3 needs (short-term needs)	
Priority 4 needs (long-term needs)	
Sources of data collection	

Background & Detailed Assessment Information	
Individual strengths	
Supports & opportunities	
Identified help resources	
Clinical test scores (e.g. PHQ-9, GAD-7)	
Family composition & history	
Cultural values	
Social circle	
Education	

Past trauma	
Substance use	
Medical/health challenges	
Employment history	
Skills	
Leisure activities	
Motivations	
Patterns of crisis	
Criminal history	
Attitudes about money/ finances	

Impressions, Assessment, Recommendations

Clinical summary & assessment

Targets & goals

Social worker recommendations