

**Pradeep Kumar, MD**  
4011 West Plano Parkway Suite 123  
Plano, TX 75093

## Adult Psychosocial Assessment

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

**Present Problems:** \_\_\_\_\_

**Existing Medical condition:**

**Have you had any of the following medical problems (Please circle them)?**

- |                   |                                  |              |
|-------------------|----------------------------------|--------------|
| Heart Disease     | Kidney Disease                   | Back Problem |
| Lung Disease      | Hypertension/high blood pressure | Chronic Pain |
| Diabetes          | Cancer                           | Thyroid      |
| Problems Seizures | Liver disease                    | Ulcers       |

**Previous mental health treatment history:**

Type of treatment received	Symptoms at the time of treatment	Approximate length of Stay	Approximate date of services

**Please list all psychiatric medications taken and effectiveness of each:**

---

---

**Tobacco, Alcohol and Drug use history:**

	Amount	Frequency	Date of last use
Tobacco			
Alcohol			
Marihuana			
Cocaine			

**Pradeep Kumar, MD**  
4011 West Plano Parkway Suite 123  
Plano, TX 75093

<b>Crack</b>			
<b>Amphetamine</b>			
<b>LSD</b>			
<b>PCP</b>			
<b>IV drug use</b>			
<b>Other:</b>			

**Social History:**

**Briefly describe what it was like to grow up in your family:**

---

---

**Physical, sexual or emotional abuse:**

---

**Have any family members dealt with any mental illness, substance abuse? If so, please list:**

---

**Highest level of education:**

---

**Employment:**

---

**Hobbies:**

---