

BIOPSYCHOSOCIAL HISTORY

PRESENTING PROBLEMS

Presenting problems	Duration (months)	Additional information:
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT SYMPTOM CHECKLIST (Rate intensity of symptoms **currently** present)

None = This symptom not present at this time • **Mild** = Impacts quality of life, but no significant impairment of day-to-day functioning
Moderate = Significant impact on quality of life and/or day-to-day functioning • **Severe** = Profound impact on quality of life and/or day-to-day functioning

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
depressed mood	[]	[]	[]	[]	bingeing/purging	[]	[]	[]	[]	guilt	[]	[]	[]	[]
appetite disturbance	[]	[]	[]	[]	laxative/diuretic abuse	[]	[]	[]	[]	elevated mood	[]	[]	[]	[]
sleep disturbance	[]	[]	[]	[]	restricting food	[]	[]	[]	[]	dissociative states	[]	[]	[]	[]
elimination disturbance	[]	[]	[]	[]	paranoid thoughts	[]	[]	[]	[]	somatic complaints	[]	[]	[]	[]
fatigue/low energy	[]	[]	[]	[]	delusions	[]	[]	[]	[]	thoughts of suicide/homicide	[]	[]	[]	[]
psychomotor retardation	[]	[]	[]	[]	hallucinations	[]	[]	[]	[]	thoughts of self-harm	[]	[]	[]	[]
poor concentration	[]	[]	[]	[]	concomitant medical cond.	[]	[]	[]	[]	self-injurious behavior	[]	[]	[]	[]
poor grooming	[]	[]	[]	[]	thoughts of harm to others	[]	[]	[]	[]	past suicide attempts	[]	or date(s) _____		
mood swings	[]	[]	[]	[]	aggressive behaviors	[]	[]	[]	[]	emotional trauma- victim	[]	[]	[]	[]
agitation	[]	[]	[]	[]	conduct problems	[]	[]	[]	[]	physical trauma- victim	[]	[]	[]	[]
hyperactivity	[]	[]	[]	[]	oppositional behavior	[]	[]	[]	[]	sexual trauma- victim	[]	[]	[]	[]
irritability	[]	[]	[]	[]	sexual dysfunction	[]	[]	[]	[]	emotional trauma- perpetrator	[]	[]	[]	[]
generalized anxiety	[]	[]	[]	[]	grief	[]	[]	[]	[]	physical trauma- perpetrator	[]	[]	[]	[]
panic attacks	[]	[]	[]	[]	hopelessness	[]	[]	[]	[]	sexual trauma- perpetrator	[]	[]	[]	[]
phobias	[]	[]	[]	[]	social isolation	[]	[]	[]	[]	substance abuse	[]	[]	[]	[]
obsessions/compulsions	[]	[]	[]	[]	worthlessness	[]	[]	[]	[]	other (specify) _____	[]	[]	[]	[]

EMOTIONAL/PSYCHIATRIC HISTORY

Prior outpatient psychotherapy?
 No Yes If yes, on _____ occasions. Longest treatment by _____ for _____ sessions from ____/____/____ to ____/____/____
Provider Name Month/Year Month/Year

Prior provider name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Has any family member had outpatient psychotherapy? If yes, who/why (list all): _____
 No Yes _____

Prior inpatient treatment for a psychiatric, emotional, or substance use disorder?
 No Yes If yes, on _____ occasions. Longest treatment at _____ from ____/____/____ to ____/____/____
Name of facility Month/Year Month/Year

Inpatient facility name	City	State	Phone	Reason for Admission/Diagnosis	Beneficial?
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Has any family member had inpatient treatment for a psychiatric, emotional, or substance use disorder? If yes, who/why (list all): _____
 No Yes _____

Prior or current psychotropic medication usage? If yes:

No	Yes	Medication	Dosage	Frequency	Start date	End date	Physician	Side effects	Beneficial?
		_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____	_____

Has any family member used psychotropic medications? If yes, who/what/why (list all): _____
 No Yes _____

FAMILY HISTORY
FAMILY OF ORIGIN
Present during childhood:

	Present entire childhood	Present part of childhood	Not present at all
mother	[]	[]	[]
father	[]	[]	[]
stepmother	[]	[]	[]
stepfather	[]	[]	[]
brother(s) # _____	[]	[]	[]
sister(s) # _____	[]	[]	[]
other (specify) _____	[]	[]	[]

Parents' current marital status:

married to each other
 separated for ___ years
 divorced for ___ years
 mother remarried ___ times
 father remarried ___ times
 mother involved with someone
 father involved with someone
 mother deceased for ___ years
 age of patient at mother's death ___
 father deceased for ___ years
 age of patient at father's death ___

Describe parents:

Father	Mother
full name _____	_____
occupation _____	_____
education _____	_____
general health _____	_____

Describe childhood experience:

outstanding home environment
 normal home environment
 chaotic home environment
 witnessed physical/verbal/sexual abuse toward others
 experienced physical/verbal/sexual abuse from others

Age of leaving home: _____ **Circumstances/Reason:** _____

Special circumstances in childhood: _____

CURRENT FAMILY**Marital status:**

single, never married
 engaged ___ months
 married for ___ years
 divorced for ___ years
 separated for ___ years
 divorce in process ___ months
 live-in for ___ years
 ___ prior marriages (self)
 ___ prior marriages (partner)

Intimate relationship:

never been in a serious relationship
 not currently in relationship
 currently in a serious relationship

Relationship satisfaction:

very satisfied with relationship
 satisfied with relationship
 somewhat satisfied with relationship
 dissatisfied with relationship
 very dissatisfied with relationship

List all persons currently living in patient's household:

Name	Age	Sex	Relationship to patient
------	-----	-----	-------------------------

_____	_____	_____	_____
_____	_____	_____	_____

List children not living in same household as patient:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Frequency of visitation of above: _____

Describe any past or current significant issues in intimate or other relationships: _____

Describe any past or current significant issues in other immediate family relationships: _____

MEDICAL HISTORY (check all that apply for patient)

Describe current physical health: Good Fair Poor

List name of primary care physician:

Name _____ Phone _____

List name of psychiatrist: (if any):

Name _____ Phone _____

List any medications currently being taken (give dosage & reason):

Is there a history of any of the following in the family:

tuberculosis heart disease
 birth defects high blood pressure
 emotional problems alcoholism
 behavior problems drug abuse
 thyroid problems diabetes
 cancer Alzheimer's disease/dementia
 mental retardation stroke
 other chronic or serious health problems _____

List any known allergies: _____

Describe any serious hospitalization or accidents:

Date _____ Age _____ Reason _____
 Date _____ Age _____ Reason _____
 Date _____ Age _____ Reason _____

List any abnormal lab or medical test results:

Date _____ Result _____
 Date _____ Result _____
 Date _____ Result _____
 Date _____ Result _____

SUBSTANCE USE HISTORY (check all that apply for patient)

Family alcohol/drug abuse history:

- father stepparent/live-in
- mother uncle(s)/aunt(s)
- grandparent(s) spouse/significant other
- sibling(s) children
- other _____
- other _____

Substances used (self):
(complete all that apply)

- alcohol
- amphetamines/speed
- barbiturates/owners
- caffeine
- cocaine
- crack cocaine
- hallucinogens (e.g., LSD)
- inhalants (e.g., glue, gas)
- marijuana or hashish
- nicotine/cigarettes
- PCP
- prescription _____
- other _____

First use age	Last use age	Current (Yes/No)	Frequency	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Substance use status (self):

- no history of abuse
- active abuse
- early full remission
- early partial remission
- sustained full remission
- sustained partial remission

Substance Treatment history (self):

- outpatient (age[s] _____)
- inpatient (age[s] _____)
- 12-step program (age[s] _____)
- stopped on own (age[s] _____)
- other (age[s] _____)
describe: _____

Consequences of substance abuse (self) (check all that apply):

- hangovers withdrawal symptoms sleep disturbance binges
- seizures medical conditions assaults job loss
- blackouts tolerance changes suicidal impulse arrests
- overdose loss of control relationship conflicts
- other _____

DEVELOPMENTAL HISTORY (check all that apply for patient)

Problems during

mother's pregnancy:

- none
- high blood pressure
- kidney infection
- German measles
- emotional stress
- bleeding
- alcohol use
- drug use
- cigarette use
- other

Birth:

- normal delivery
- difficult delivery
- cesarean delivery
- complications _____
- birth weight ___lbs ___oz.

Infancy:

- feeding problems
- sleep problems
- toilet training problems

Childhood health:

- chickenpox (age _____)
- German measles (age _____)
- red measles (age _____)
- rheumatic fever (age _____)
- whooping cough (age _____)
- scarlet fever (age _____)
- autism
- ear infections
- allergies to _____
- significant injuries _____
- chronic, serious health problems _____
- lead poisoning (age _____)
- mumps (age _____)
- diphtheria (age _____)
- poliomyelitis (age _____)
- pneumonia (age _____)
- tuberculosis (age _____)
- mental retardation
- asthma

Delayed developmental milestones (check only those milestones that did not occur at expected age):

- sitting controlling bowels
- rolling over sleeping alone
- standing dressing self
- walking engaging peers
- feeding self tolerating separation
- speaking words playing cooperatively

Past emotional / behavior problems (check all that apply):

- drug use repeat words of others distrustful
- alcohol abuse not trustworthy extreme worrier
- chronic lying hostile/angry mood self-injurious acts
- stealing indecisive impulsivity
- violence to others thoughts of self-harm thoughts of suicide
- violent temper immaturity easily distracted
- fire-setting bizarre behavior poor concentration

Delayed developmental milestones (check only those milestones that did not occur at expected age):

- speaking sentences riding tricycle
 controlling bladder riding bicycle
 other _____

Past emotional / behavior problems (check all that apply):

- hyperactivity self-injurious threats often sad
 animal cruelty frequently tearful breaking things
 assault to others frequently daydreams other _____
 disobedient problems of attachment _____

Social interaction (check all that apply):

- normal social interaction inappropriate sex play
 isolated self dominated others
 very shy associated with acting-out peers
 alienated self other _____

Intellectual / academic functioning (check all that apply):

- normal intelligence authority conflicts mild retardation
 high intelligence attention problems moderate retardation
 learning problems underachieving severe retardation
Current or highest education level _____

Describe any other developmental problems or issues: _____

SOCIO-ECONOMIC HISTORY (check all that apply for patient)

Living situation:

- housing adequate
 homeless
 housing overcrowded
 dependent on others for housing
 housing dangerous/deteriorating
 living companions dysfunctional

Social support system:

- supportive network
 few friends
 substance-use-based friends
 no friends
 distant from family of origin

Military history:

- never in military
 served in military - no incident
 served in military - **with** incident _____

Legal history:

- no history of legal problems
 now on parole/probation
 arrest(s) not substance-related
 arrest(s) substance-related
 court ordered this treatment
 jail/prison _____ time(s)

Employment:

- employed and satisfied
 employed but dissatisfied
 unemployed
 coworker conflicts
 supervisor conflicts
 unstable work history
 disabled: _____

Financial situation:

- no current financial problems
 large indebtedness
 poverty or below-poverty income
 impulsive spending
 relationship conflicts over finances

Sexual history:

- heterosexual orientation currently sexually dissatisfied
 other orientation age first sex experience _____
describe: _____ age first pregnancy/fatherhood ____
 currently sexually active history of promiscuity age ___ to ____
 currently sexually satisfied history of unsafe sex age __ to ____
Additional information: _____

Cultural/spiritual/recreational history:

- cultural identity (e.g., ethnicity, religion): _____
describe any cultural/spiritual factors relevant to current problem: _____
currently active in community/recreational activities? Yes No
formerly active in community/recreational activities? Yes No
currently engage in hobbies? Yes No
currently participate in spiritual activities? Yes No
if answered "yes" to any of above, describe: _____

SOURCES OF DATA PROVIDED ABOVE:

- Patient self-report. Patient Signature _____
 Parent/Guardian. Name _____ Signature _____
Name _____ Signature _____