

Patient name _____

Patient ID# _____

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 | [] | [] | [] | [] | anorexia | [] | [] | [] | [] | hyperactivity | [] | [] | [] | [] |
| elimination disturbance | [] | [] | [] | [] | paranoid ideation | [] | [] | [] | [] | dissociative states | [] | [] | [] | [] |
| fatigue/low energy | [] | [] | [] | [] | circumstantial symptoms | [] | [] | [] | [] | somatic complaints | [] | [] | [] | [] |
| psychomotor retardation | [] | [] | [] | [] | loose associations | [] | [] | [] | [] | self-mutilation | [] | [] | [] | [] |
| poor concentration | [] | [] | [] | [] | delusions | [] | [] | [] | [] | significant weight gain/loss | [] | [] | [] | [] |
| poor grooming | [] | [] | [] | [] | hallucinations | [] | [] | [] | [] | concomitant medical condition | [] | [] | [] | [] |
| mood swings | [] | [] | [] | [] | aggressive behaviors | [] | [] | [] | [] | emotional trauma victim | [] | [] | [] | [] |
| agitation | [] | [] | [] | [] | conduct problems | [] | [] | [] | [] | physical trauma victim | [] | [] | [] | [] |
| emotionality | [] | [] | [] | [] | 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 | Diagnosis | Intervention/Modality | 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 _____

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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 family 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 emancipation from home: _____ **Circumstances:** _____

Special circumstances in childhood: _____

IMMEDIATE 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 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 _____

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Describe any serious hospitalization or accidents:

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

List any known allergies: _____

List any abnormal lab test results:

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 _____

Substances used:

(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 _____

Current Use

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

Substance use status:

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

Treatment history:

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

Consequences of substance abuse (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 amount used relationship conflicts
- other _____

DEVELOPMENTAL HISTORY (check all that apply for a child/adolescent 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

Emotional / behavior problems (check all that apply):

- drug use repeats words of others distrustful
- alcohol abuse not trustworthy extreme worrier
- chronic lying hostile/angry mood self-injurious acts
- stealing indecisive impulsive
- violent temper immature easily distracted
- fire-setting bizarre behavior poor concentration
- hyperactive self-injurious threats often sad

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- speaking sentences riding tricycle animal cruelty frequently tearful breaks things
- controlling bladder riding bicycle assaults others frequently daydreams other _____
- other _____ disobedient lack of attachment _____

Social interaction (check all that apply):

- normal social interaction inappropriate sex play
- isolates self dominates others
- very shy associates with acting-out peers
- alienates 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

Sexual history:

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

Employment:

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

Military history:

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

Cultural/spiritual/recreational history:

- cultural identity (e.g., ethnicity, religion): _____
- describe any cultural issues that contribute 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: _____

Financial situation:

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

Legal history:

- no legal problems
 - now on parole/probation
 - arrest(s) not substance-related
 - arrest(s) substance-related
 - court ordered this treatment
 - jail/prison _____ time(s)
- total time served: _____
- describe last legal difficulty: _____

SOURCES OF DATA PROVIDED ABOVE: Patient self-report for all A variety of sources (if so, check appropriate sources below):

| | | |
|--|--|--|
| <p>Presenting Problems/Symptoms</p> <ul style="list-style-type: none"> <input type="checkbox"/> patient self-report <input type="checkbox"/> patient's parent/guardian <input type="checkbox"/> other (specify) _____ | <p>Family History</p> <ul style="list-style-type: none"> <input type="checkbox"/> patient self-report <input type="checkbox"/> patient's parent/guardian <input type="checkbox"/> other (specify) _____ | <p>Developmental History</p> <ul style="list-style-type: none"> <input type="checkbox"/> patient self-report <input type="checkbox"/> patient's parent/guardian <input type="checkbox"/> other (specify) _____ |
| <p>Emotional/Psychiatric History</p> <ul style="list-style-type: none"> <input type="checkbox"/> patient self-report <input type="checkbox"/> patient's parent/guardian <input type="checkbox"/> other (specify) _____ | <p>Medical/Substance Use History</p> <ul style="list-style-type: none"> <input type="checkbox"/> patient self-report <input type="checkbox"/> patient's parent/guardian <input type="checkbox"/> other (specify) _____ | <p>Socioeconomic History</p> <ul style="list-style-type: none"> <input type="checkbox"/> patient self-report <input type="checkbox"/> patient's parent/guardian <input type="checkbox"/> other (specify) _____ |