

BIOPSYCHOSOCIAL HISTORY

CLIENT'S FULL NAME / DATE: _____

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,

No Yes who/why (list all): _____

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 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

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): _____

List any known allergies: _____

List any abnormal lab test results: (include date and results) _____

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	_____

Describe any serious hospitalization or accidents:

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

SUBSTANCE USE HISTORY

Family alcohol/drug abuse history:

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

Substance use status:

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

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

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

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

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
- speaking sentences riding tricycle
- controlling bladder riding bicycle
- other _____

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
- animal cruelty frequently tearful breaks things
- assaults others frequently daydreams 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

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: _____

SOCIO-ECONOMIC HISTORY CONTINUED

Employment:	<input type="checkbox"/> never in military	Cultural/spiritual/recreational history:
<input type="checkbox"/> employed and satisfied	<input type="checkbox"/> served in military - no incident	cultural identity (e.g., ethnicity, religion): _____
<input type="checkbox"/> employed but dissatisfied	<input type="checkbox"/> served in military - with incident	_____
<input type="checkbox"/> unemployed	_____	describe any cultural issues that contribute to current problem: _____
<input type="checkbox"/> coworker conflicts		_____
<input type="checkbox"/> supervisor conflicts	Legal history:	currently active in community/recreational activities? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> unstable work history	<input type="checkbox"/> no legal problems	formerly active in community/recreational activities? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> disabled: _____	<input type="checkbox"/> now on parole/probation	currently engage in hobbies? Yes <input type="checkbox"/> No <input type="checkbox"/>
Financial situation:	<input type="checkbox"/> arrest(s) not substance-related	currently participate in spiritual activities? Yes <input type="checkbox"/> No <input type="checkbox"/>
<input type="checkbox"/> no current financial problems	<input type="checkbox"/> arrest(s) substance-related	if answered "yes" to any of above, describe: _____
<input type="checkbox"/> large indebtedness	<input type="checkbox"/> court ordered this treatment	_____
<input type="checkbox"/> poverty or below-poverty income	<input type="checkbox"/> jail/prison _____ time(s)	_____
<input type="checkbox"/> impulsive spending	total time served: _____	
<input type="checkbox"/> relationship conflicts over finances	describe last legal difficulty: _____	

SOURCES OF DATA PROVIDED ABOVE: <input type="checkbox"/> Patient self-report for all <input type="checkbox"/> A variety of sources (if so, check appropriate sources below):		
Presenting Problems/Symptoms	Family History	Developmental History
<input type="checkbox"/> patient self-report	<input type="checkbox"/> patient self-report	<input type="checkbox"/> patient self-report
<input type="checkbox"/> patient's parent/guardian	<input type="checkbox"/> patient's parent/guardian	<input type="checkbox"/> patient's parent/guardian
<input type="checkbox"/> other (specify) _____	<input type="checkbox"/> other (specify) _____	<input type="checkbox"/> other (specify) _____
Emotional/Psychiatric History	Medical/Substance Use History	Socioeconomic History
<input type="checkbox"/> patient self-report	<input type="checkbox"/> patient self-report	<input type="checkbox"/> patient self-report
<input type="checkbox"/> patient's parent/guardian	<input type="checkbox"/> patient's parent/guardian	<input type="checkbox"/> patient's parent/guardian
<input type="checkbox"/> other (specify)	<input type="checkbox"/> other (specify)	<input type="checkbox"/> other (specify)