

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

## 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**

**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** full name \_\_\_\_\_  
occupation \_\_\_\_\_  
education \_\_\_\_\_  
general health \_\_\_\_\_  
**Mother** \_\_\_\_\_  
\_\_\_\_\_

**Describe childhood family experience:**

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

others \_\_\_\_\_

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):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**List any known allergies:** \_\_\_\_\_

**List any abnormal lab test results:**

Date \_\_\_\_\_ Result \_\_\_\_\_  
Date \_\_\_\_\_ Result \_\_\_\_\_

**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 \_\_\_\_\_  
Date: \_\_\_\_\_ Age \_\_\_\_\_ Reason \_\_\_\_\_

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**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 \_\_\_\_\_

First use age \_\_\_\_\_

Last use age \_\_\_\_\_

**Current Use**

(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

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

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

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ DOB: \_\_\_\_\_

**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

**Gender:**

- heterosexual orientation  currently sexually dissatisfied
  - L G B T Q (circle)  age first sex experience \_\_\_\_\_
  - non-binary orientation  age first pregnancy/fatherhood \_\_\_\_
  - currently sexually active  history of promiscuity age \_\_\_ to \_\_\_
  - currently sexually satisfied  history of unsafe sex age \_\_ to \_\_\_\_
- Additional information: \_\_\_\_\_

**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: \_\_\_\_\_

**Employment:**

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

**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: \_\_\_\_\_

**Financial situation:**

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

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

**Presenting Problems/Symptoms**

- patient self-report
- patient's parent/guardian
- other (specify) \_\_\_\_\_

**Family History**

- patient self-report
- patient's parent/guardian
- other (specify) \_\_\_\_\_

**Developmental History**

- patient self-report
- patient's parent/guardian
- other (specify) \_\_\_\_\_

**Emotional/Psychiatric History**

- patient self-report
- patient's parent/guardian
- other (specify) \_\_\_\_\_

**Medical/Substance Use History**

- patient self-report
- patient's parent/guardian
- other (specify) \_\_\_\_\_

**Socioeconomic History**

- patient self-report
- patient's parent/guardian
- other (specify) \_\_\_\_\_