Patient Name _____ Patient ID # _____ Patient SS# _____ Date_____

BIOPSYCHOSOCIAL HISTORY

Presenting Problems:	Duration	Additional Information

Current Symptom Checklist

None = None 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
Depressed Mood	☐	☐	☐	☐	Conduct Problems	☐	☐	☐	☐
Appetite Disturbance	☐	☐	☐	☐	Oppositional Behavior	☐	☐	☐	☐
Sleep Disturbance	☐	☐	☐	☐	Sexual Dysfunction	☐	☐	☐	☐
Elimination Disturbance	☐	☐	☐	☐	Grief	☐	☐	☐	☐
Fatigue / Low Energy	☐	☐	☐	☐	Hopelessness	☐	☐	☐	☐
Psychomotor Retardation	☐	☐	☐	☐	Social Isolation	☐	☐	☐	☐
Poor Concentration	☐	☐	☐	☐	Worthlessness	☐	☐	☐	☐
Poor Grooming	☐	☐	☐	☐	Guilt	☐	☐	☐	☐
Mood Swings	☐	☐	☐	☐	Elevated Mood	☐	☐	☐	☐
Agitation	☐	☐	☐	☐	Hyperactivity	☐	☐	☐	☐
Emotionality	☐	☐	☐	☐	Dissociative States	☐	☐	☐	☐
Irritability	☐	☐	☐	☐	Somatic Complaints	☐	☐	☐	☐
Generalized Anxiety	☐	☐	☐	☐	Self-Mutilation	☐	☐	☐	☐
Panic Attacks	☐	☐	☐	☐	Significant Weight Gain/Loss	☐	☐	☐	☐
Phobias	☐	☐	☐	☐	Concomitant Medical Cond.	☐	☐	☐	☐
Bingeing / Purging	☐	☐	☐	☐	Emotional Trauma Perpetrator	☐	☐	☐	☐
Laxative / Diuretic Abuse	☐	☐	☐	☐	Physical Trauma Perpetrator	☐	☐	☐	☐
Anorexia	☐	☐	☐	☐	Sexual Trauma Perpetrator	☐	☐	☐	☐
Paranoid Ideation	☐	☐	☐	☐	Substance Abuse / Use	☐	☐	☐	☐
Circumstantial Symptoms	☐	☐	☐	☐	Other:_____	☐	☐	☐	☐
Loose Associations	☐	☐	☐	☐	Other:_____	☐	☐	☐	☐
Delusions	☐	☐	☐	☐	Other:_____	☐	☐	☐	☐
Hallucinations	☐	☐	☐	☐	Other:_____	☐	☐	☐	☐
Aggressive Behaviors	☐	☐	☐	☐	Other:_____	☐	☐	☐	☐

Emotional / Psychiatric History

☐ ☐ Prior Outpatient psychotherapy? Month / Year Month / Year
No Yes If yes, on _____ occasions. Longest treatment by _____ sessions from _____ / _____ to _____ / _____

Prior Provider Name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?

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

☐ ☐ Prior Inpatient treatment for psychiatric, emotional, or substance use disorder? Month / Year Month / Year
No Yes If yes, on _____ occasions. Longest treatment at _____ from _____ / _____ to _____ / _____

Inpatient Facility Name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?

☐ ☐ Has any member of your family 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?
			____/____	____/____			
			____/____	____/____			
			____/____	____/____			

Patient Name _____ Patient ID # _____ Patient SS# _____ Date_____

Family History

Family of Origin

Present During Childhood:

	Entire	Part	Never
Mother	☐	☐	☐
Father	☐	☐	☐
Stepmother	☐	☐	☐
Brother(s)	☐	☐	☐
Sisters(s)	☐	☐	☐
Other: ___	☐	☐	☐
Other: ___	☐	☐	☐

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:_____	Full Name:_____
Occupation:_____	Occupation:_____
Education level: _____	Education level: _____
General Health: _____	General Health: _____

Describe childhood family experience

Outstanding home ☐
Normal home ☐
Chaotic ☐
Witnessed abuse ☐ Yes ☐ No
Experienced abuse ☐ Yes ☐ No

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 progress ____months
☐ Live –in for ____years
☐ ____ Prior marriages (self)
☐ ____ Prior marriages (partner)

Intimate Relationship:

☐ Never been in serious relationship
☐ Not currently in relationship
☐ Currently in serious relationship

Relationship Status (choose one)

☐ Very Satisfied
☐ Satisfied
☐ Somewhat satisfied
☐ Somewhat dissatisfied
☐ Dissatisfied
☐ Very dissatisfied

List all persons currently living in patient's household:

Name	Age	Sex	Relationship to patient

List children not living in same household at patient:

Name	Age	Sex	Relationship to patient

Describe any past or current significant issues in <u>intimate</u> relationships: _____

_____

_____

_____

Describe any past or current significant issues in other <u>immediate family</u> relationships: _____

_____

_____

_____

Patient Name _____ Patient ID # _____ Patient SS# _____ Date_____

Medical History

Describe current physical health: ☐ Good ☐ Fair ☐ Poor

List name of primary care physician:

Name: _____ Phone Number: _____

List name of psychiatrist (if any)

Name: _____ Phone Number: _____

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

_____

_____

_____

List any known allergies: _____

List any abnormal test results:

Date: _____ Results: _____

Date: _____ Results: _____

☐ Tuberculosis ☐ Heart Disease
☐ Birth Defects ☐ High Blood Pressure
☐ Emotional Problems ☐ Alcoholism
☐ Behavioral Problems ☐ Drug Abuse
☐ Thyroid Problems ☐ Diabetes
☐ Cancer ☐ Alzheimer's
☐ Mental Retardation ☐ Stoke
☐ Other: _____

Describe any serious hospitalizations or accidents

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

Substance History

Family alcohol / drub abuse history

☐ Father ☐ Stepparent / live-in
☐ Mother ☐ Uncle(s) / Aunt(s)
☐ Grandparent(s) ☐ Spouse
☐ Sibling(s) ☐ Significant Other
☐ ☐ Children
☐ Other:_____

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 Down on Own age(s):_____
☐ Other:_____ age(s):_____
☐ Other:_____ age(s):_____

Substance Used	First use age	Last use age	Current Frequency	Amount
☐ Alcohol				
☐ Amphetamines / "Speed"				
☐ Barbiturates / "Downers"				
☐ Caffeine				
☐ Cocaine				
☐ Crack Cocaine				
☐ Hallucinogens (LSD)				
☐ Inhalants (Glue, Gas, etc.)				
☐ Marijuana or Hashish				
☐ Nicotine / Cigarettes				
☐ PCP				
☐ Prescription: _____				
☐ Other: _____				

Consequences of substance abuse (Check all that apply):

☐ Hangover ☐ Withdraw Symptoms ☐ Sleep Disturbance ☐ Binges
☐ Seizures ☐ Medical Complications ☐ Assaults ☐ Job Loss
☐ Blackouts ☐ Tolerance Changes ☐ Suicidal Impulses ☐ Arrests
☐ Overdose ☐ Loss of Control (amount used:_____)
☐ Other: _____ ☐ Relationship Conflicts

Developmental History

Problems during Pregnancy

☐ None ☐ Normal Delivery
☐ High Blood Pressure ☐ Difficult Delivery
☐ Kidney Infection ☐ Cesarean Delivery
☐ German Measles ☐ Complications: _____
☐ Emotional Stress _____
☐ Bleeding ☐ Birth Weight:
☐ Alcohol Use _____lbs _____oz
☐ Drug Use **Infancy**
☐ Cigarette Use ☐ Feeding Problems
☐ Other:_____ ☐ Sleep Problems
☐ Other:_____ ☐ Toilet Training Problems
☐ Other:_____ ☐ Other: _____

Childhood health

☐ Chickenpox (age_____) ☐ Lead Poisoning (age_____)
☐ German Measles (age_____) ☐ Mumps (age_____)
☐ Red Measles (age_____) ☐ Diphtheria (age_____)
☐ Rheumatic Fever (age_____) ☐ Poliomyelitis (age_____)
☐ Whooping Cough (age_____) ☐ Tuberculosis (age_____)
☐ Scarlet Fever (age_____) ☐ Mental retardation (age_____)
☐ Autism ☐ Asthma
☐ Ear Infections ☐ Other: _____
☐ Allergies to: _____
☐ Significant injuries: _____
☐ Chronic, Serious Health Problems: _____
☐ _____

Patient Name _____ Patient ID # _____ Patient SS# _____ Date_____

Developmental History

Delayed Developmental Milestones (Check all that apply)

- ☐ Sitting
- ☐ Rolling Over
- ☐ Standing
- ☐ Walking
- ☐ Feeding Self
- ☐ Speaking Words
- ☐ Speaking Sentences
- ☐ Controlling Bladder
- ☐ Other:_____
- ☐ Controlling Bowles
- ☐ Sleeping Alone
- ☐ Dressing Self
- ☐ Engaging Peers
- ☐ Tolerating Separation
- ☐ Playing Cooperatively
- ☐ Riding Tricycle
- ☐ Riding Bicycle

Emotional / Behavioral Problems (Check all that apply)

- ☐ Drug Abuse
- ☐ Alcohol Abuse
- ☐ Chronic Lying
- ☐ Stealing
- ☐ Violent Temper
- ☐ Fire-setting
- ☐ Hyperactive
- ☐ Animal Cruelty
- ☐ Assaults Others
- ☐ Disobedient
- ☐ Repeats Words of Others
- ☐ Not Trustworthy
- ☐ Hostile / Angry Mood
- ☐ Indecisive
- ☐ Immature
- ☐ Bizarre Behavior
- ☐ Self-Injurious Threats
- ☐ Frequently Tearful
- ☐ Frequent Daydreams
- ☐ Lack of Attachment
- ☐ Distrustful
- ☐ Extreme Worrier
- ☐ Self-Injurious Acts
- ☐ Impulsive
- ☐ Easily Distracted
- ☐ Poor Concentration
- ☐ Often Sad
- ☐ Breaks Things
- ☐ Other:_____

Social Interaction (Check all that apply)

- ☐ Normal Social Interaction
- ☐ Isolates Self
- ☐ Very Shy
- ☐ Alienates Self
- ☐ Inappropriate Sex Play
- ☐ Dominates Others
- ☐ Bonds with Acting-out peers
- ☐ Other:_____

Intellectual / Academic Functioning (Check all that apply)

- ☐ Normal Intelligence
- ☐ High Intelligence
- ☐ Learning Problems
- ☐ Authority Conflicts
- ☐ Attention Problems
- ☐ Underachieving
- ☐ Mild Retardation
- ☐ Moderate Retardation
- ☐ Severe Retardation

Current or highest level of education:_____

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

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

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-Incident:

_____

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: _____

Last Legal Difficulty: _____

_____

Sexual History

- ☐ Heterosexual Orientation
- ☐ Homosexual Orientation
- ☐ Bisexual Orientation
- ☐ Currently Sexually Active
- ☐ Currently Sexually Satisfied
- ☐ Currently Sexually Dissatisfied
- ☐ Age of First Sex Experience: _____
- ☐ Age of First Pregnancy/Fatherhood
- ☐ History of Promiscuity age ___ to___
- ☐ History of Unsafe Sex age ___to___

Additional Information: _____

Cultural / Spiritual / Recreational History

Cultural Identity: (Ethnicity / Religion) _____

Cultural Issues that contribute to problem: _____

_____

Currently Active in community/ recreational activities? ☐Yes ☐ No

Formerly Active in community/ recreational activities? ☐Yes ☐ No

Currently Engaged in Hobbies? ☐Yes ☐ No

Currently Participate in Spiritual Activities? ☐Yes ☐ No

If answered "yes" to any of above, describe: _____

_____

_____

Data Sources

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): _____