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	Mod.	Severe		None	Mild	Mod.	Severe		None	Mild	Mod.	Severe
depressed mood	[ ]	[ ]	[ ]	[ ]	bingeing/purging	[ ]	[ ]	[ ]	[ ]	guilt	[ ]	[ ]	[ ]	[ ]
phobic behavior	[ ]	[ ]	[ ]	[ ]	laxative/diuretic abuse	[ ]	[ ]	[ ]	[ ]	elevated mood	[ ]	[ ]	[ ]	[ ]
sleep disturbance	[ ]	[ ]	[ ]	[ ]	eating problems	[ ]	[ ]	[ ]	[ ]	hyperactivity	[ ]	[ ]	[ ]	[ ]
elimination disturbance	[ ]	[ ]	[ ]	[ ]	paranoid ideation	[ ]	[ ]	[ ]	[ ]	dissociative states	[ ]	[ ]	[ ]	[ ]
fatigue/low energy	[ ]	[ ]	[ ]	[ ]	delusions	[ ]	[ ]	[ ]	[ ]	somatic complaints	[ ]	[ ]	[ ]	[ ]
poor concentration	[ ]	[ ]	[ ]	[ ]	hallucinations	[ ]	[ ]	[ ]	[ ]	self-mutilation	[ ]	[ ]	[ ]	[ ]
mood swings	[ ]	[ ]	[ ]	[ ]	aggressive behaviors	[ ]	[ ]	[ ]	[ ]	significant weight gain/loss	[ ]	[ ]	[ ]	[ ]
agitation	[ ]	[ ]	[ ]	[ ]	conduct problems	[ ]	[ ]	[ ]	[ ]	complicated medical condition	[ ]	[ ]	[ ]	[ ]
emotionality	[ ]	[ ]	[ ]	[ ]	oppositional behavior	[ ]	[ ]	[ ]	[ ]	emotional trauma victim	[ ]	[ ]	[ ]	[ ]
irritability	[ ]	[ ]	[ ]	[ ]	sexual dysfunction	[ ]	[ ]	[ ]	[ ]	physical trauma victim	[ ]	[ ]	[ ]	[ ]
poor self esteem	[ ]	[ ]	[ ]	[ ]	social isolation	[ ]	[ ]	[ ]	[ ]	sexual trauma victim	[ ]	[ ]	[ ]	[ ]
hopelessness	[ ]	[ ]	[ ]	[ ]	grief	[ ]	[ ]	[ ]	[ ]	suicidal thinking	[ ]	[ ]	[ ]	[ ]
generalized anxiety	[ ]	[ ]	[ ]	[ ]	social anxiety	[ ]	[ ]	[ ]	[ ]	suicidal behavior	[ ]	[ ]	[ ]	[ ]
panic attacks	[ ]	[ ]	[ ]	[ ]	problems with spouse	[ ]	[ ]	[ ]	[ ]	alcohol abuse	[ ]	[ ]	[ ]	[ ]
phobias	[ ]	[ ]	[ ]	[ ]	poor school achievement	[ ]	[ ]	[ ]	[ ]	substance abuse	[ ]	[ ]	[ ]	[ ]
obsessions/compulsions	[ ]	[ ]	[ ]	[ ]	poor social skills	[ ]	[ ]	[ ]	[ ]	career problems	[ ]	[ ]	[ ]	[ ]
relationship problems	[ ]	[ ]	[ ]	[ ]	behavioral problems	[ ]	[ ]	[ ]	[ ]	aggressive behavior	[ ]	[ ]	[ ]	[ ]
identity problems	[ ]	[ ]	[ ]	[ ]	gender issues	[ ]	[ ]	[ ]	[ ]	other (specify)	[ ]	[ ]	[ ]	[ ]

PRECIPITATING STRESSORS

	None	Mild	Mod	Severe		None	Mild	Mod	Severe		None	Mild	Mod	Severe
retirement	[ ]	[ ]	[ ]	[ ]	arrest	[ ]	[ ]	[ ]	[ ]	financial	[ ]	[ ]	[ ]	[ ]
becoming a parent	[ ]	[ ]	[ ]	[ ]	birth of child	[ ]	[ ]	[ ]	[ ]	relationship breakup	[ ]	[ ]	[ ]	[ ]
change in residence	[ ]	[ ]	[ ]	[ ]	change of employment	[ ]	[ ]	[ ]	[ ]	chronic illness	[ ]	[ ]	[ ]	[ ]
conflict with boss	[ ]	[ ]	[ ]	[ ]	conflict with other	[ ]	[ ]	[ ]	[ ]	divorce	[ ]	[ ]	[ ]	[ ]
death of	[ ]	[ ]	[ ]	[ ]	maritial problems	[ ]	[ ]	[ ]	[ ]	parental divorce	[ ]	[ ]	[ ]	[ ]
school suspension	[ ]	[ ]	[ ]	[ ]	unemployment	[ ]	[ ]	[ ]	[ ]	upcoming surgery	[ ]	[ ]	[ ]	[ ]

EMOTIONAL/PSYCHIATRIC HISTORY

[ ] [ ] **Prior outpatient psychotherapy?** **Beneficial?** _____
No Yes If yes: Longest treatment by _____ ____/____
Provider Name **Month/Year**

Prior Provider Name	**City**	**State**	**Phone**
_____	_____	____	( ) _____
_____	_____	____	( ) _____

[ ] [ ] **Prior hospitalization for a psychiatric, emotional, or substance use disorder?** **Beneficial?** _____
No Yes If yes, on _____occasions. Longest treatment at _____ from ____/____ to ____/____
Name of Facility **Month/Year** **Month/Year**

Inpatient Facility Name	**City**	**State**	**Phone**
_____	_____	____	( ) _____
_____	_____	____	( ) _____

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

[ ] [ ] Yes **Prior or current psychotropic medication usage?** If yes: **Beneficial?** _____ No

Medication	Dosage	Frequency	Start Date	End Date	Physician	Side Effects

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

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	**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

Special Childhood Circumstances: _____

_____

_____

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)

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)

Current Physical Health: [ ] Good [ ] Fair [ ] Poor

Primary Care Physician:
Name _____ Phone (___) _____

History of any of the following in the family (check all that apply):
[ ] tuberculosis
[ ] birth defects
[ ] emotional problems
[ ] behavior problems
[ ] heart disease
[ ] high blood pressure
[ ] alcoholism
[ ] drug abuse

Patient Name _____ Birthdate_____ Grade_____ Date_____

Psychiatrist (if any):
Name _____ Phone ( ) _____

Medications Currently Being Taken (give dosage & reason):

_____

_____

[ ] thyroid problems [ ] diabetes
[ ] cancer [ ] Alzheimer's disease/dementia
[ ] mental retardation [ ] stroke
[ ] other chronic or serious health problems _____

_____

Describe any serious hospitalization or accidents:

List any known allergies: _____ Date _____ Age _____ Reason _____

Date _____ Age _____ Reason _____

Approximate Date of Last Physical Exam: _____ Date: _____ Age _____ Reason _____

Results:_____

_____

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_____

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)	**First use age**	**Last use age**	**Current Use (Yes/No)**	**Frequency**	**Amount**
[ ] 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(s)_____					
_____					
[ ] other _____					

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

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

[ ] sitting [ ] controlling bowels
[ ] rolling over [ ] sleeping alone
[ ] standing [ ] dressing self

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

[ ] walking
[ ] feeding self
[ ] speaking words
[ ] speaking sentences
[ ] controlling bladder
[ ] other _____

[ ] engaging peers
[ ] tolerating separation
[ ] playing cooperatively
[ ] riding tricycle
[ ] riding bicycle

[ ] violent temper
[ ] fire-setting
[ ] hyperactive
[ ] animal cruelty
[ ] assaults others
[ ] disobedient

[ ] immature
[ ] bizarre behavior
[ ] self-injurious threats
[ ] frequently tearful
[ ] frequently daydreams
[ ] lack of attachment

[ ] 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
[ ] associates 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 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

Legal History:
[ ] no legal problems
[ ] now on parole/probation
[ ] arrest(s) substance-related
[ ] arrest(s) not substance-related
[ ] court ordered this treatment
[ ] jail/prison _____ time(s)
time served_____
Describe last legal difficulty:
_____
_____
_____

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
Explain_____
_____
_____
_____
_____

Financial Situation:
[ ] no current financial problems
[ ] large indebtedness
[ ] relationship conflicts over finances
[ ] impulsive spending

Recreational History:
currently active in community/recreational activities? Yes [ ] No [ ]
formerly active in community/recreational activities? Yes [ ] No [ ]
currently engage in hobbies? Yes [ ] No [ ]
currently engage in spiritual activities? Yes [ ] No [ ]
If you answered "yes" to any of the above, please describe:
_____
_____
_____

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) _____