

## 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 \_\_\_\_\_

**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)	[ ]	[ ]	[ ]

toward others \_\_\_\_\_

from others \_\_\_\_\_

**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:**

<b>Father</b>	<b>Mother</b>
full name _____	_____
occupation _____	_____
education _____	_____
general health _____	_____

**Describe childhood family experience:**

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

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

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

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

**List any abnormal lab test results:**  
 Date \_\_\_\_\_ Result \_\_\_\_\_  
 Date \_\_\_\_\_ Result \_\_\_\_\_

**Describe any serious hospitalization or accidents:**

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

**SUBSTANCE USE HISTORY** (check all that apply for patient)

Family alcohol/drug abuse history:	Substances used: (complete all that apply)	First use age	Last use age	Current Use		
				(Yes/No)	Frequency	Amount
<input type="checkbox"/> father	<input type="checkbox"/> stepparent/live-in	<input type="checkbox"/> alcohol	_____	_____	_____	_____
<input type="checkbox"/> mother	<input type="checkbox"/> uncle(s)/aunt(s)	<input type="checkbox"/> amphetamines/speed	_____	_____	_____	_____
<input type="checkbox"/> grandparent(s)	<input type="checkbox"/> spouse/significant other	<input type="checkbox"/> barbiturates/owners	_____	_____	_____	_____
<input type="checkbox"/> sibling(s)	<input type="checkbox"/> children	<input type="checkbox"/> caffeine	_____	_____	_____	_____
<input type="checkbox"/> other _____		<input type="checkbox"/> cocaine	_____	_____	_____	_____
		<input type="checkbox"/> crack cocaine	_____	_____	_____	_____
		<input type="checkbox"/> hallucinogens (e.g., LSD)	_____	_____	_____	_____
		<input type="checkbox"/> inhalants (e.g., glue, gas)	_____	_____	_____	_____
		<input type="checkbox"/> marijuana or hashish	_____	_____	_____	_____
		<input type="checkbox"/> nicotine/cigarettes	_____	_____	_____	_____
		<input type="checkbox"/> PCP	_____	_____	_____	_____
		<input type="checkbox"/> prescription _____	_____	_____	_____	_____
		<input type="checkbox"/> 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 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:	Birth:	Childhood health:
<input type="checkbox"/> none	<input type="checkbox"/> normal delivery	<input type="checkbox"/> chickenpox (age _____)
<input type="checkbox"/> high blood pressure	<input type="checkbox"/> difficult delivery	<input type="checkbox"/> German measles (age _____)
<input type="checkbox"/> kidney infection	<input type="checkbox"/> cesarean delivery	<input type="checkbox"/> red measles (age _____)
<input type="checkbox"/> German measles	<input type="checkbox"/> complications _____	<input type="checkbox"/> rheumatic fever (age _____)
<input type="checkbox"/> emotional stress	birth weight ____lbs ____oz.	<input type="checkbox"/> whooping cough (age _____)
<input type="checkbox"/> bleeding		<input type="checkbox"/> scarlet fever (age _____)
<input type="checkbox"/> alcohol use		<input type="checkbox"/> autism
<input type="checkbox"/> drug use	<b>Infancy:</b>	<input type="checkbox"/> ear infections
<input type="checkbox"/> cigarette use	<input type="checkbox"/> feeding problems	<input type="checkbox"/> allergies to _____
<input type="checkbox"/> other	<input type="checkbox"/> sleep problems	<input type="checkbox"/> significant injuries _____
	<input type="checkbox"/> toilet training problems	<input type="checkbox"/> 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  
 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

- |  |  |  |   |  |
|--|--|--|---|--|
| <input type="checkbox"/> speaking sentences  | <input type="checkbox"/> riding tricycle | <input type="checkbox"/> animal cruelty  | <input type="checkbox"/> frequently tearful   | <input type="checkbox"/> breaks things |
| <input type="checkbox"/> controlling bladder | <input type="checkbox"/> riding bicycle  | <input type="checkbox"/> assaults others | <input type="checkbox"/> frequently daydreams | <input type="checkbox"/> other _____   |
| <input type="checkbox"/> other _____         |  | <input type="checkbox"/> disobedient     | <input type="checkbox"/> lack of attachment   |  |

**Social interaction** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> normal social interaction | <input type="checkbox"/> inappropriate sex play           |
| <input type="checkbox"/> isolates self             | <input type="checkbox"/> dominates others                 |
| <input type="checkbox"/> very shy                  | <input type="checkbox"/> associates with acting-out peers |
| <input type="checkbox"/> alienates self            | <input type="checkbox"/> other _____                      |

**Intellectual / academic functioning** (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> normal intelligence | <input type="checkbox"/> authority conflicts | <input type="checkbox"/> mild retardation     |
| <input type="checkbox"/> high intelligence   | <input type="checkbox"/> attention problems  | <input type="checkbox"/> moderate retardation |
| <input type="checkbox"/> learning problems   | <input type="checkbox"/> underachieving      | <input type="checkbox"/> 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
  - homosexual orientation
  - bisexual orientation
  - currently sexually active
  - currently sexually satisfied
  - currently sexually dissatisfied
  - age first sex experience \_\_\_\_\_
  - age first pregnancy/fatherhood \_\_\_\_
  - history of promiscuity age \_\_\_ to \_\_\_
  - 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: \_\_\_\_\_

**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) \_\_\_\_\_