

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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	bingeing/purging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	guilt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
appetite disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	laxative/diuretic abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	elevated mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sleep disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	anorexia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
elimination disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	paranoid ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	losing track of time or place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fatigue/low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	overly detailed thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	somatic complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
slow movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	jumping from topic to topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	self-mutilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
poor concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	delusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	significant weight gain/loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
poor grooming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	a medical condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	aggressive behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	emotional trauma victim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
agitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	conduct problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	physical trauma victim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
emotionality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	oppositional behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	sexual trauma victim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
irritability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	sexual dysfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	emotional trauma perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
generalized anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	grief	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	physical trauma perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
panic attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	hopelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	sexual trauma perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
phobias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	social isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
obsessions/compulsions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	worthlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

EMOTIONAL/PSYCHIATRIC HISTORY

No Yes **Prior outpatient psychotherapy?** If yes, on _____ occasions. Longest treatment by _____ for _____ sessions from ____/____/____ to ____/____/____

Prior provider name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

No Yes **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?** If yes, on _____ occasions. Longest treatment at _____ from ____/____/____ to ____/____/____

Inpatient facility name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

No Yes **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:**

Medication	Dosage	Frequency	Start date	End date	Physician	Side effects	Beneficial?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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

FAMILY HISTORY
FAMILY OF ORIGIN

Present during childhood:

	Present entire childhood	Present part of childhood	Not present at all
mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
stepmother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
stepfather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
brother(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sister(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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 (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: -for self

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 _____

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

List any abnormal lab test results:
 Date _____ Result _____
 Date _____ Result _____

SUBSTANCE USE HISTORY (check all that apply for patient)

Family alcohol/drug abuse history:		Substances used:	First use age	Last use age	Current Use	
<input type="radio"/> father	<input type="radio"/> stepparent/live-in	(complete all that apply)			(Yes/No)	Frequency Amount
<input type="radio"/> mother	<input type="radio"/> uncle(s)/aunt(s)	<input type="radio"/> alcohol	_____	_____	_____	_____
<input type="radio"/> grandparent(s)	<input type="radio"/> spouse/significant other	<input type="radio"/> amphetamines/speed	_____	_____	_____	_____
<input type="radio"/> sibling(s)	<input type="radio"/> children	<input type="radio"/> barbiturates/owners	_____	_____	_____	_____
<input type="radio"/> other _____		<input type="radio"/> caffeine	_____	_____	_____	_____
		<input type="radio"/> cocaine	_____	_____	_____	_____
		<input type="radio"/> crack cocaine	_____	_____	_____	_____
		<input type="radio"/> hallucinogens (e.g., LSD)	_____	_____	_____	_____
		<input type="radio"/> inhalants (e.g., glue, gas)	_____	_____	_____	_____
		<input type="radio"/> marijuana or hashish	_____	_____	_____	_____
		<input type="radio"/> nicotine/cigarettes	_____	_____	_____	_____
		<input type="radio"/> PCP	_____	_____	_____	_____
		<input type="radio"/> prescription	_____	_____	_____	_____
		<input type="radio"/> other _____	_____	_____	_____	_____

Substance use status: -for self

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

Treatment history: -for self

- 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
- seizures
- blackouts
- overdose
- other _____
- withdrawal symptoms
- medical conditions
- tolerance changes
- loss of control amount used
- sleep disturbance
- assaults
- suicidal impulse
- relationship conflicts
- binges
- job loss
- arrests

DEVELOPMENTAL HISTORY (check all that apply for a child/adolescent patient)

Problems during mother's pregnancy:	Birth:	Childhood health:
<input type="radio"/> none	<input type="radio"/> normal delivery	<input type="radio"/> chickenpox (age _____)
<input type="radio"/> high blood pressure	<input type="radio"/> difficult delivery	<input type="radio"/> German measles (age _____)
<input type="radio"/> kidney infection	<input type="radio"/> cesarean delivery	<input type="radio"/> red measles (age _____)
<input type="radio"/> German measles	<input type="radio"/> complications	<input type="radio"/> rheumatic fever (age _____)
<input type="radio"/> emotional stress	birth weight _____ lbs _____ oz.	<input type="radio"/> whooping cough (age _____)
<input type="radio"/> bleeding		<input type="radio"/> scarlet fever (age _____)
<input type="radio"/> alcohol use	Infancy:	<input type="radio"/> autism
<input type="radio"/> drug use	<input type="radio"/> feeding problems	<input type="radio"/> ear infections
<input type="radio"/> cigarette use	<input type="radio"/> sleep problems	<input type="radio"/> allergies to _____
<input type="radio"/> other _____	<input type="radio"/> toilet training problems	<input type="radio"/> significant injuries _____
		<input type="radio"/> chronic, serious health problems _____
		<input type="radio"/> lead poisoning (age _____)
		<input type="radio"/> mumps (age _____)
		<input type="radio"/> diphtheria (age _____)
		<input type="radio"/> poliomyelitis (age _____)
		<input type="radio"/> pneumonia (age _____)
		<input type="radio"/> tuberculosis (age _____)
		<input type="radio"/> mental retardation
		<input type="radio"/> asthma

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

- sitting
- rolling over
- standing
- walking
- feeding self
- speaking words
- speaking sentences
- controlling bladder
- other _____
- controlling bowels
- sleeping alone
- dressing self
- engaging peers
- tolerating separation
- playing cooperatively
- riding tricycle
- riding bicycle

Emotional / behavior problems (check all that apply):

- drug use
- 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
- frequently daydreams
- lack of attachment
- distrustful
- extreme worrier
- self-injurious acts
- impulsive
- easily distracted
- poor concentration
- often sad
- breaks things
- other _____

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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

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: _____

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: _____

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: _____

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) _____

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