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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?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____



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Has any family member had inpatient treatment for a psychiatric, emotional, or substance use disorder? If yes,

No Yes who/why (list all): _____

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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
 experienced physical/verbal/sexual abuse

toward others

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: _____

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"/> lead poisoning (age _____)
<input type="checkbox"/> high blood pressure	<input type="checkbox"/> difficult delivery	<input type="checkbox"/> German measles (age _____)	<input type="checkbox"/> mumps (age _____)
<input type="checkbox"/> kidney infection	<input type="checkbox"/> cesarean delivery	<input type="checkbox"/> red measles (age _____)	<input type="checkbox"/> diphtheria (age _____)
<input type="checkbox"/> German measles	<input type="checkbox"/> complications _____	<input type="checkbox"/> rheumatic fever (age _____)	<input type="checkbox"/> poliomyelitis (age _____)
<input type="checkbox"/> emotional stress	birth weight ___ lbs ___ oz.	<input type="checkbox"/> whooping cough (age _____)	<input type="checkbox"/> pneumonia (age _____)
<input type="checkbox"/> bleeding	Infancy:	<input type="checkbox"/> scarlet fever (age _____)	<input type="checkbox"/> tuberculosis (age _____)
<input type="checkbox"/> alcohol use	<input type="checkbox"/> feeding problems	<input type="checkbox"/> autism	<input type="checkbox"/> mental retardation
<input type="checkbox"/> drug use	<input type="checkbox"/> sleep problems	<input type="checkbox"/> ear infections	<input type="checkbox"/> asthma
<input type="checkbox"/> cigarette use	<input type="checkbox"/> toilet training problems	<input type="checkbox"/> allergies to _____	
<input type="checkbox"/> other _____		<input type="checkbox"/> significant injuries _____	
		<input type="checkbox"/> chronic, serious health problems _____	

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

<input type="checkbox"/> sitting	<input type="checkbox"/> controlling bowels
<input type="checkbox"/> rolling over	<input type="checkbox"/> sleeping alone
<input type="checkbox"/> standing	<input type="checkbox"/> dressing self
<input type="checkbox"/> walking	<input type="checkbox"/> engaging peers
<input type="checkbox"/> feeding self	<input type="checkbox"/> tolerating separation
<input type="checkbox"/> speaking words	<input type="checkbox"/> playing cooperatively
<input type="checkbox"/> speaking sentences	<input type="checkbox"/> riding tricycle
<input type="checkbox"/> controlling bladder	<input type="checkbox"/> riding bicycle
<input type="checkbox"/> other _____	

Emotional / behavior problems (check all that apply):

<input type="checkbox"/> drug use	<input type="checkbox"/> repeats words of others	<input type="checkbox"/> distrustful
<input type="checkbox"/> alcohol abuse	<input type="checkbox"/> not trustworthy	<input type="checkbox"/> extreme worrier
<input type="checkbox"/> chronic lying	<input type="checkbox"/> hostile/angry mood	<input type="checkbox"/> self-injurious acts
<input type="checkbox"/> stealing	<input type="checkbox"/> indecisive	<input type="checkbox"/> impulsive
<input type="checkbox"/> violent temper	<input type="checkbox"/> immature	<input type="checkbox"/> easily distracted
<input type="checkbox"/> fire-setting	<input type="checkbox"/> bizarre behavior	<input type="checkbox"/> poor concentration
<input type="checkbox"/> hyperactive	<input type="checkbox"/> self-injurious threats	<input type="checkbox"/> often sad
<input type="checkbox"/> animal cruelty	<input type="checkbox"/> frequently tearful	<input type="checkbox"/> breaks things
<input type="checkbox"/> assaults others	<input type="checkbox"/> frequently daydreams	<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:	Social support system:	Sexual history:
<input type="checkbox"/> housing adequate	<input type="checkbox"/> supportive network	<input type="checkbox"/> heterosexual orientation
<input type="checkbox"/> homeless	<input type="checkbox"/> few friends	<input type="checkbox"/> currently sexually dissatisfied
<input type="checkbox"/> housing overcrowded	<input type="checkbox"/> substance-use-based friends	<input type="checkbox"/> homosexual orientation
<input type="checkbox"/> dependent on others for housing	<input type="checkbox"/> no friends	<input type="checkbox"/> age first sex experience _____
<input type="checkbox"/> housing dangerous/deteriorating	<input type="checkbox"/> distant from family of origin	<input type="checkbox"/> bisexual orientation
<input type="checkbox"/> living companions dysfunctional		<input type="checkbox"/> age first pregnancy/fatherhood _____
		<input type="checkbox"/> currently sexually active
		<input type="checkbox"/> history of promiscuity age ___ to ___
		<input type="checkbox"/> currently sexually satisfied
		<input type="checkbox"/> history of unsafe sex age ___ to ___
		Additional information: _____
Employment:	Military history:	Cultural/spiritual/recreational history:
<input type="checkbox"/> employed and satisfied	<input type="checkbox"/> never in military	cultural identity (e.g., ethnicity, religion): _____
	<input type="checkbox"/> served in military - no incident	



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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

served in military - **with** incident _____
 _____ 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)

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: _____

total time served: _____
 describe last legal difficulty: _____
