Biopsychosocial History

## PESENTING PROBLEMS: [Comments]

# Current Symptom Checklist (Rate intensity of symptoms currently present)

**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

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| --- | --- |
| **Symptom**  [Comments] | **Impact**  [Comments] |

# Emotional/Psychiatric History

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|  | |  | | --- | | **Prior outpatient psychotherapy?** | | If yes, please list dates of duration and reason for treatment. Prior Outpatient Psychotherapy [Comment] | |

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| **Prior provider name**  [Comment] | **City**  [Comment] | **State**  [Comment] | **Diagnosis**  [Comment] | **Intervention/Modality**  [Comment] | **Beneficial?**  [Comment] |

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|  | |  | | --- | | **Has any family member had inpatient treatment for a psychiatric, emotional, or substance use disorder?** If yes ,who/why (list all): [Comment] | |  | |

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|  | | **Prior or current psychotropic medication usage?** If yes: | | | | | |
| **Medication**  [Comment] | | **Dosage**  [Comment] | **Frequency**  [Comment] | **Start Date**  [Comment] | **End Date**  [Comment] | **Physician**  [Comment] |

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|  | **Has any family member used psychothropic medications?** If yes: |
| |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | **Family Member**  [Comment] | **Medication**  [Comment] | **Dosage/Frequency**  [Comment] | **Start Date**  [Comment] | **End Date**  [Comment] | **Physician**  [Comment] |  | | | |  |

**Family History**

Family of Origin

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Present during childhood** | | | **Describe parents** | | |
|  | mother | |  | **Father** | **Mother** |
|  | father | | full name | [Comment] | [Comment] |
|  | stepmother | | occupation | [Comment] | [Comment] |
|  | stepfather | | education | [Comment] | [Comment] |
|  | brother(s) | | general health | [Comment] | [Comment] |
|  | sister(s) | |  |  |  |
|  | other | |  |  |  |
| specify other | | [Comment] | | | |

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| **Parent’s current marital status Describe childhood family experience** | | | | |
|  | married to each other |  |  | outstanding home environment |
|  | separated for years |  |  | normal home environment |
|  | divorced for years |  |  | chaotic home environment |
|  | mother remarried times |  |  | witnessed physical/verbal/sexual abuse toward others |
|  | father remarried times |  |  | experienced physical/verbal/sexual abuse from others |
|  | 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 |  |  |  |

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| --- | --- |
| **Age of emancipation from home:** [Comment] |  |
| **Circumstances that contribute to emancipation**  [Comment] | **Special circumstances in childhood**  [Comment] |

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| **Immediate Family**marital statusintimate relationshiprelationship satisfaction | [Comment][Comment][Comment] |

**List all persons currently living in patient's household**

|  |  |  |  |
| --- | --- | --- | --- |
| **Name**  [Comment] | **Age**  [Comment] | **Sex**  [Comment] | **Relationship to Patient**  [Comment] |

**List biological / adopted children not living in same household as patient**

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| --- | --- | --- | --- |
| **Name**  [Comment] | **Age**  [Comment] | **Sex**  [Comment] | **Relationship to Patient**  [Comment] |

**Frequency of visitation of above:** [Comment]

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**Describe any past or current significant issues in intimate relationships (you may continue on separate sheet if necessary).**

[Comment]

**Describe any past or current significant issues in other immediate family relationships (you may continue on separate sheet if necessary).**

[Comment]

|  |  |
| --- | --- |
| **Describe current physical health**    [Comment] | |
| **List name of primary care physician** | |
| **Name** | **Phone**  [Comment] |
| [Comment] | |
| **List name of psychiatrist** (if any): | |
| **Name** | **Phone** [Comment] |
| [Comment] | |
| **List any non-psychiatric medications currently being taken (give dosage & reason)** | |
| [Comment] | |
|  | |
| **List any known allergies**  [Comment] | |

# Medical History/Substance Use History

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| **Family alcohol/drug abuse history** | | | |
|  | father |  | stepparent/live-in |
|  | mother |  | uncle(s)/aunt(s) |
|  | grandparent(s) |  | spouse/significant other |
|  | sibling(s) |  | children |
|  | other | specify other: [Comment] | |

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| |  |  | | --- | --- | | **Substance use status** | | |  | no history of abuse | |  | active abuse | |  | early full remission | |  | early partial remission | |  | sustained full remission | |  | sustained partial remission | | |  |  |  | | --- | --- | --- | | **Patient Treatment history** | |  | |  | outpatient | (age[s]) [Comment] | |  | inpatient | (age[s]) [Comment] | |  | 12-step program | (age[s]) [Comment] | |  | stopped on own | (age[s]) [Comment] | |  | other | (age[s]) [Comment] | |  |  | | |

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| **Substances used** | | | **First use age** | **Last use age** | | | **Current Use** | | **Frequency** | | **Amount** | |
|  | | alcohol | [Comment] | [Comment] | | [Comment] | | | [Comment] | | | [Comment] |
|  | | amphetamines/speed | [Comment] | [Comment] | | [Comment] | | | [Comment] | [Comment] | | |
|  | | barbiturates/downers | [Comment] | [Comment] | | [Comment] | | | [Comment] | [Comment] | | |
|  | | cocaine | [Comment] | [Comment] | | [Comment] | | | [Comment] | [Comment] | | |
|  | | crack cocaine | [Comment] | [Comment] | | [Comment] | | | [Comment] | [Comment] | | |
|  | | hallucinogens (e.g., LSD) | [Comment] | [Comment] | | [Comment] | | | [Comment] | [Comment] | | |
|  | | inhalants (e.g., glue, gas) | [Comment] | [Comment] | | [Comment] | | | [Comment] | [Comment] | | |
|  | | marijuana or hashish | [Comment] | [Comment] | | [Comment] | | | [Comment] | [Comment] | | |
|  | | opioids | [Comment] | [Comment] | | [Comment] | | | [Comment] | [Comment] | | |
|  | | PCP | [Comment] | [Comment] | | [Comment] | | | [Comment] | [Comment] | | |
|  | | prescription | [Comment] | [Comment] | | [Comment] | | | [Comment] | [Comment] | | |
|  | | other | [Comment] | [Comment] | | [Comment] | | | [Comment] | [Comment] | | |
| **Consequences of Substance Abuse** | | | | | | | | | | | | | |
|  | | hangovers | | |  | medical Conditions | | |  | suicide Attempts | | | |
|  | | seizures | | |  | Increase in tolerance | | |  | suicidal impulse/thoughts | | | |
|  | | blackouts | | |  | arrests | | |  | relationship conflicts | | | |
|  | | Accidental overdose | | |  | job loss | | |  | loss of control over amount used | | | |
|  | | binges | | |  | sleep disturbance | | |  |  | | | |
|  | | withdrawal symptoms | | |  | assaults | | |  |  | | | |
|  | | other [Comment] | | | | | | | | | | | |

**Developmental History**

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| |  |  | | --- | --- | | **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. [Comment] | | |  |  | | --- | --- | | **Infancy Problems** | | |  | none | |  | feeding problems | |  | sleep problems | |  | toilet training problems | |

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| **Childhood health** | | | | | |  |  |  |
|  |  | Age |  |  | Age |  |  | Additional Information |
|  | chickenpox | [Comment] |  | lead poisoning | [Comment] |  | ear infections | [Comment] |
|  | German measles | [Comment] |  | mumps | [Comment] |  | allergies to | [Comment] |
|  | red measles | [Comment] |  | diphtheria | [Comment] |  | significant injuries | [Comment] |
|  | rheumatic fever | [Comment] |  | poliomyelitis | [Comment] |  | chronic, serious health problems | [Comment] |
|  | whooping cough | [Comment] |  | pneumonia | [Comment] |  | asthma | [Comment] |
|  | scarlet fever | [Comment] |  | tuberculosis | [Comment] |  | autism | [Comment] |
|  |  |  |  |  |  |  | mental retardation | [Comment] |

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| **Delayed developmental milestones** | | | |
|  | sitting |  | controlling bowels |
|  | rolling over |  | sleeping alone |
|  | standing |  | dressing self |
|  | walking |  | engaging peers |
|  | feeding self |  | tolerating separation |
|  | speaking words |  | playing cooperatively |
|  | speaking sentences |  | riding tricycle |
|  | controlling bladder |  | riding bicycle |
|  | other [Comment] |  |  |
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| **Emotional / behavior problems** | | | | | |
|  | None |  |  |  |  |
|  | 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 |
|  | animal cruelty |  | frequently tearful |  | breaks things in anger |
|  | assaults others |  | lack of attachment |  |  |
|  | disobedient |  |  |  |  |
|  | other [Comment] |  |  |  |  |
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| |  |  |  |  | | --- | --- | --- | --- | | **Social interaction** | | | | |  | normal social interaction |  | inappropriate sex play | |  | isolates self |  | dominates others | |  | very shy |  | associates with acting-out peers | |  | alienates self |  |  | |  | other [Comment] | | | | |  |  |  |  | | --- | --- | --- | --- | | **Intellectual / academic functioning** | | | | |  | normal intelligence |  | underachieving | |  | high intelligence |  | mild retardation | |  | learning problems |  | moderate retardation | |  | authority conflicts |  | severe retardation | |  | attention problems |  |  | |  |  |  |  | | Current or highest education level: [Comment] | | | | |

**Describe any other developmental problems or issues (you may continue on separate sheet if necessary).**

[Comment]

**Socio-Economic History**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| |  |  | | --- | --- | | **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 | | |  |  | | --- | --- | | Military | | |  | never in military | |  | served in military - no incident | |  | served in military - with incident | |  | | |

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| |  |  | | --- | --- | | **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 | | |  |  | | --- | --- | | **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: [Comment] | | |  | | |

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| |  |  | | --- | --- | | **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**  [Comment] | | |  | | | |  |  | | --- | --- | | **Cultural/spiritual/recreational history** | | | cultural identity (e.g., ethnicity, religion) [Comment] | | | **Describe any cultural issues that contribute to current problem and/or should be taken into account during treatment planning** | | |  | currently active in community/recreational activities? | |  | formerly active in community/recreational activities? | |  | currently engage in hobbies? | |  | currently participate in spiritual activities? | | **If answered "yes" to any of above, describe** | | | [Comment] | | |

**Additional Information**

(Please Use this Page to Provide any Additional Information)

[Comment]