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: |
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| **Family Member**[Comment] | **Medication**[Comment] | **Dosage/Frequency**[Comment] | **Start Date**[Comment] | **End Date**[Comment] | **Physician**[Comment] |   |

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**Family History**

Family of Origin

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| **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**

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| **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]

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| **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 |

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| **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] |
| [x]  | 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 |

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| **Birth** |
| [ ]  | normal delivery |
| [ ]  | difficult delivery |
| [ ]  | cesarean delivery |
| [ ]  | complications |
|  |  |
|  | Birth Weight lbs oz. [Comment] |

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| **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] |

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| **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] |

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**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 |

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| **Social support system** |
| [ ]  | supportive network |
| [ ]  | few friends |
| [ ]  | substance-use-based friends |
| [ ]  | no friends |
| [ ]  | distant from family of origin |

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| 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: |
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| **Financial situation** |
| [ ]  | no current financial problems |
| [ ]  | large indebtedness |
| [ ]  | poverty or below-poverty income |
| [ ]  | impulsive spending |
| [ ]  | relationship conflicts over finances |

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| **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] |
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| **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] |

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**Additional Information**

(Please Use this Page to Provide any Additional Information)

[Comment]