Briana Messerschmidt, M.S.
Licensed Marriage and Family Therapist #122796

BioPsychoSocial History

Medical

- Primary Physician and/or Psychiatrist: _____
- Please list all medications (including vitamins, herbs, supplements, birth control):

_____

_____

- Are you happy with your medications? Yes ☐ No ☐
- Do you believe they are effective? Yes ☐ No ☐
- How long have you been using them? Yes ☐ No ☐
- My General Health is: Great ☐ Good ☐ Fair ☐ Not Good ☐ Poor ☐
- Date of Last Physical: _____
- Have you ever had any serious health issues? Yes ☐ No ☐
  If yes, specify: _____
- Have you ever been seriously injured? Yes ☐ No ☐
  If yes, when and how? _____
- Have you ever had a head injury or concussion? Yes ☐ No ☐
  If yes, when and what? _____
- Do you have a history of seizures? Yes ☐ No ☐
- Have you ever been hospitalized for any reason? Yes ☐ No ☐
  If yes, when and for what? _____
- Are you or are you planning on becoming pregnant? Yes ☐ No ☐
- Have you noticed a difference in your sleep? Yes ☐ No ☐ If so what?_____
- Have you noticed a difference in your appetite? Yes ☐ No ☐ If so what?_____
- Do you drink alcohol? Yes ☐ No ☐
  If yes, what, how much, and how often?_____
- Do you use drugs (recreationally or medicinally)? Yes ☐ No ☐
  If yes, what, how much, and how often? _____
- Do you feel like your drinking or drug use has ever been out of control? Yes ☐ No ☐
- Has a friend for family member ever told you they were concerned about your alcohol or drug use? Yes ☐ No ☐
- Are you in recovery or a 12-step program? Yes ☐ No ☐
  If yes, Days of Sobriety: _____
- Do you have a medical issue you believe the therapist should know about?
  If yes, what is it and what makes it important?_____
  _____

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Mental Health History

- Have you been in therapy before? Yes ☐ No ☐
  If yes, where and when? _____
  Reason: _____
  Outcome: _____
- Do you have family members with a mental health condition? Yes ☐ No ☐
  Which member(s) and which condition(s)? _____
- Have you ever experienced a traumatic event? Yes ☐ No ☐
  If yes, when? Please briefly describe. _____
- Are there specific events in your life that you keep re-living? Yes ☐ No ☐
  If yes, please describe. _____
- Do you have intrusive thoughts which you do not like or feel like are out of control?
  Yes ☐ No ☐If yes, please describe. _____
- Have you ever been hospitalized for a psychiatric problem? Yes ☐ No ☐
  If yes, when and for what? _____
  Was this hospital stay voluntary? Yes ☐ No ☐
- Have you ever attempted suicide? Yes ☐ No☐
  If yes, when and how? _____
- Have you had any suicidal thoughts:
  In the last 12 months? Yes☐ No☐; Last 6 months? Yes☐ No☐;, Currently? Yes ☐ No ☐
- Have you known anyone who committed suicide? Yes ☐ No ☐
  If yes, what was their relationship to you? _____
- Have you ever purposefully hurt yourself without the intention of killing yourself?
  Yes ☐ No ☐
  If yes, briefly identify how, how often, and when the last time was.
  _____
- Have you had thoughts of harming someone? Yes ☐ No ☐
  If yes, did you follow through with your intent? Yes ☐ No ☐
- Have you had any thoughts of hurting someone:
  In the last 12 months? Yes☐ No☐, Last 6 months? Yes☐ No☐, Currently? Yes ☐ No ☐
- Have you noticed seeing, hearing, or feeling something other people didn't? Yes ☐ No ☐
  If yes, when? Please briefly describe. _____
- Do you feel as though you ever lose time? Yes ☐ No ☐
  If so, how often and how much time?_____

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Relationship and Family History

- Marital Status _____ Living Arrangement? _____
- Are you in a relationship? Yes ☐ No☐ If yes, for how long? _____
  If in a relationship, what is your partner's name? _____
  Partner's occupation: _____
  Do you find your relationship satisfying? Yes ☐ No☐
  If you could change one thing about your relationship what would it be?
  _____
- Do you have children? Yes ☐ No ☐
  If yes, list names and ages: _____
- Have you ever been forced or coerced to do anything sexual? Yes ☐ No ☐
  If yes, please state when and briefly describe: _____
- Have you ever been afraid of a partner? Yes ☐ No ☐
  If yes, please briefly describe: _____
- How would you describe your relationship with the following people?

	Great	Good	Fair	Not Good	Poor	N/A
Mother:	☐	☐	☐	☐	☐	☐
Father:	☐	☐	☐	☐	☐	☐
Sister(s):	☐	☐	☐	☐	☐	☐
Brother(s):	☐	☐	☐	☐	☐	☐
Children	☐	☐	☐	☐	☐	☐
Friend(s):	☐	☐	☐	☐	☐	☐

- Describe relationships with other significant family members or friends: _____
_____
_____
_____
- Who is your "support system"? _____
- Are you satisfied with your friendships? Yes ☐ No☐
  If no please describe:_____
- Highest Education Completed/In Progress: _____
  Course of Study: _____
- Where are you currently working: _____
- Are you satisfied with your current employment? Yes ☐ No☐
  If no please describe:_____
- Do you have any legal issues?

Arrests☐, DUI☐, Probation☐, Convictions☐, Divorce☐, Parole☐, Child custody☐, Other☐: