Biopsychosocial History

Presenting Problems

Primary _____

Secondary _____

_____

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

Symptom	Impact				Symptom	Impact			
	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
Aggressive Behaviors	☐	☐	☐	☐	Laxative/Diuretic Abuse	☐	☐	☐	☐
Agitation	☐	☐	☐	☐	Loose Associations	☐	☐	☐	☐
Anorexia	☐	☐	☐	☐	Mood Swings	☐	☐	☐	☐
Appetite Disturbance	☐	☐	☐	☐	Obsessions/Compulsions	☐	☐	☐	☐
Bingeing/Purging	☐	☐	☐	☐	Oppositional Behavior	☐	☐	☐	☐
Circumstantial Symptoms	☐	☐	☐	☐	Panic Attacks	☐	☐	☐	☐
Concomitant Medical Condition	☐	☐	☐	☐	Paranoid Ideation	☐	☐	☐	☐
Conduct Problems	☐	☐	☐	☐	Phobias	☐	☐	☐	☐
Delusions	☐	☐	☐	☐	Physical Trauma Perpetrator	☐	☐	☐	☐
Depressed Mood	☐	☐	☐	☐	Physical Trauma Victim	☐	☐	☐	☐
Dissociative States	☐	☐	☐	☐	Poor Concentration	☐	☐	☐	☐
Elevated Mood	☐	☐	☐	☐	Poor Grooming	☐	☐	☐	☐
Elimination Disturbance	☐	☐	☐	☐	Psychomotor Retardation	☐	☐	☐	☐
Emotional Trauma Perpetrator	☐	☐	☐	☐	Self-Mutilation	☐	☐	☐	☐
Emotional Trauma Victim	☐	☐	☐	☐	Sexual Dysfunction	☐	☐	☐	☐
Emotionality	☐	☐	☐	☐	Sexual Trauma Perpetrator	☐	☐	☐	☐
Fatigue/Low Energy	☐	☐	☐	☐	Sexual Trauma Victim	☐	☐	☐	☐
Generalized Anxiety	☐	☐	☐	☐	Significant Weight Gain/Loss	☐	☐	☐	☐
Grief	☐	☐	☐	☐	Sleep Disturbance	☐	☐	☐	☐
Guilt	☐	☐	☐	☐	Social Isolation	☐	☐	☐	☐
Hallucinations	☐	☐	☐	☐	Somatic Complaints	☐	☐	☐	☐
Hopelessness	☐	☐	☐	☐	Substance Abuse	☐	☐	☐	☐
Hyperactivity	☐	☐	☐	☐	Worthlessness	☐	☐	☐	☐
Irritability	☐	☐	☐	☐	Other	☐	☐	☐	☐

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	Diagnosis	Intervention/Modality	Beneficial?

☐ ☐ **Has any family member had outpatient psychotherapy?**

No Yes If yes, who/why (list all):

_____

_____

☐ ☐ **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	Diagnosis	Intervention/Modality	Beneficial?

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

No Yes If yes, who/why (list all):

_____

_____

☐ ☐ **Prior or current psychotropic medication usage?** If yes: No Yes

Medication	Dosage	Frequency	Start Date	End Date	Physician

☐ ☐ **Has any family member used psychotropic medications?** If yes, who/what/why (list all):

No Yes

_____

_

_____

_

Family History

Family of Origin

Present during childhood **Describe parents**

	Present childhood	Present childhood	Present entire part of childhood	Not at all	Father	Mother
mother	☐	☐	☐			
father	☐	☐	☐	full name	_____	_____
stepmother	☐	☐	☐	occupation	_____	_____
stepfather	☐	☐	☐	education	_____	_____
brother(s)	☐	☐	☐	general health	_____	_____
sister(s)	☐	☐	☐	other	☐	☐

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 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 that contribute to emancipation

_____

_____

_____

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 biological / adopted children not living in same household as patient

Name	Age	Sex	Relationship to 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 non-psychiatric medications currently being taken (give dosage and reason)

_____

_____

List any known allergies

_____

_____

Is there a history of any of the following in the family

☐ tuberculosis
☐ birth defects
☐ emotional problems
☐ behavior problems
☐ thyroid problems
☐ heart disease
☐ high blood pressure
☐ alcoholism
☐ drug abuse
☐ diabetes

☐ cancer ☐ Alzheimer's disease/dementia
☐ mental retardation ☐ stroke
☐ other chronic or serious health problems _____

Describe any serious hospitalization or accidents

Year	Age	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any abnormal lab test results

Year	Result
_____	_____
_____	_____
_____	_____

Substance Use History (check all that apply for patient)

Family alcohol/drug abuse history

☐ father ☐ stepparent/live-in
☐ mother ☐ uncle(s)/aunt(s)
☐ grandparent(s) ☐ spouse/significant other
☐ sibling(s) ☐ children
☐ other _____

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]) _____
☐ Inpatient (age[s]) _____
☐ 12-step program (age[s]) _____
☐ stopped on own (age[s]) _____
☐ other (age[s]) _____ _____

Substances used	First use age	Last use age	Current Use	Frequency	Amount
☐ alcohol	_____	_____	☐	_____	_____
☐ amphetamines/speed	_____	_____	☐	_____	_____
☐ barbiturates/owners	_____	_____	☐	_____	_____
☐ cocaine	_____	_____	☐	_____	_____
☐ crack cocaine	_____	_____	☐	_____	_____
☐ hallucinogens (e.g., LSD)	_____	_____	☐	_____	_____
☐ inhalants (e.g., glue, gas)	_____	_____	☐	_____	_____
☐ marijuana or hashish	_____	_____	☐	_____	_____
☐ opioids	_____	_____	☐	_____	_____
☐ PCP	_____	_____	☐	_____	_____
☐ prescription	_____	_____	☐	_____	_____
☐ other	_____	_____	☐	_____	_____

Consequences of substance abuse

☐ hangovers ☐ medical conditions ☐ suicide attempts
☐ seizures ☐ Increase in tolerance ☐ suicidal impulse/thoughts
☐ blackouts ☐ loss of control over amount used ☐ relationship conflicts

☐ Accidental overdose ☐ job loss ☐ arrests
☐ binges ☐ sleep disturbance
☐ withdrawal symptoms ☐ assaults
☐ other _____

Developmental History (check all that apply for child/adolescent patient)

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.

Infancy Problems

☐ none
☐ feeding problems
☐ sleep problems
☐ toilet training problems

Childhood health

☐ chickenpox (age) _____
☐ German measles (age) _____
☐ red measles (age) _____
☐ rheumatic fever (age) _____
☐ whooping cough (age) _____
☐ scarlet fever (age) _____
☐ autism
☐ ear infections
☐ lead poisoning (age) _____
☐ mumps (age) _____
☐ diphtheria (age) _____
☐ poliomyelitis (age) _____
☐ pneumonia (age) _____
☐ tuberculosis (age) _____
☐ mental retardation
☐ asthma

☐ allergies to _____

☐ significant injuries _____

☐ chronic, serious health problems _____

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 bowels
☐ sleeping alone
☐ dressing self
☐ engaging peers
☐ tolerating separation
☐ playing cooperatively
☐ riding tricycle

☐ controlling bladder ☐ riding bicycle

☐ other _____

Emotional / behavior problems (check all that apply):

☐ none

☐ 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
☐ lack of attachment

☐ distrustful
☐ extreme worrier
☐ self-injurious acts
☐ impulsive
☐ easily distracted
☐ poor concentration
☐ often sad
☐ breaks things in anger

☐ other _____

Social interaction

☐ normal social interaction ☐ inappropriate sex play
☐ isolates self ☐ dominates others
☐ very shy ☐ associates with acting-out peers
☐ alienates self
☐ other _____

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 _____

Describe any other developmental problems or issues

_____

_____

Socio-Economic History

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

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

_____

_____

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

_____

_____

_____

_____

Cultural/spiritual/recreational history

cultural identity (e.g., ethnicity, religion)

_____

_____

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

_____

_____

Sources of Data Provided Above

☐ Patient self-report for all ☐ A variety of sources

Presenting Problems/Symptoms

☐ patient self-report
☐ patient's parent/guardian
☐ other _____

Family History

☐ patient self-report
☐ patient's parent/guardian
☐ other _____

Developmental History

☐ patient self-report
☐ patient's parent/guardian
☐ other _____

Emotional/Psychiatric History

☐ patient self-report
☐ patient's parent/guardian
☐ other _____

Medical/Substance Use History

☐ patient self-report
☐ patient's parent/guardian
☐ other _____

Socioeconomic History

☐ patient self-report
☐ patient's parent/guardian
☐ other _____