BIOPSYCHOSOCIAL HISTORY

Today's Date: ___/____/_____ Patient Name: _____ Patient Birth Date: _____/_____/____

PRESENTING PROBLEMS:

Presenting Problems:	**Duration:**	**Additional Information:**
_____	_____	_____
_____	_____	_____
_____	_____	_____

CURRENT SYMPTOM OR CONCERN 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
depressed mood	❑	❑	❑	❑	binging/purging	❑	❑	❑	❑
appetite disturbance	❑	❑	❑	❑	laxative/diuretic abuse	❑	❑	❑	❑
sleep disturbance	❑	❑	❑	❑	eating disorder	❑	❑	❑	❑
elimination disturbance	❑	❑	❑	❑	paranoid thoughts	❑	❑	❑	❑
fatigue/low energy	❑	❑	❑	❑	circumstantial symptoms	❑	❑	❑	❑
physical coordination	❑	❑	❑	❑	low self-esteem	❑	❑	❑	❑
poor concentration	❑	❑	❑	❑	delusions	❑	❑	❑	❑
poor grooming	❑	❑	❑	❑	hallucinations	❑	❑	❑	❑
mood swings	❑	❑	❑	❑	aggressive behavior	❑	❑	❑	❑
agitation	❑	❑	❑	❑	behavior problems	❑	❑	❑	❑
emotionality	❑	❑	❑	❑	alcohol/drug problems	❑	❑	❑	❑
irritability/annoyance	❑	❑	❑	❑	sexual difficulties	❑	❑	❑	❑
anxiety	❑	❑	❑	❑	grief	❑	❑	❑	❑
panic attacks	❑	❑	❑	❑	hopelessness	❑	❑	❑	❑
fears/phobias	❑	❑	❑	❑	social isolation	❑	❑	❑	❑
obsessions/compulsions	❑	❑	❑	❑	worthlessness	❑	❑	❑	❑
guilt	❑	❑	❑	❑	elevated mood	❑	❑	❑	❑
hyperactivity	❑	❑	❑	❑	detachment from others	❑	❑	❑	❑
physical pain	❑	❑	❑	❑	self-harming behaviors	❑	❑	❑	❑
significant weight gain/loss	❑	❑	❑	❑	suicidal thoughts	❑	❑	❑	❑
emotional trauma victim	❑	❑	❑	❑	problems with child	❑	❑	❑	❑
physical trauma victim	❑	❑	❑	❑	problems with adolescent	❑	❑	❑	❑
sexual trauma victim	❑	❑	❑	❑	problems with aging parents	❑	❑	❑	❑
relationship problems	❑	❑	❑	❑	work/employment problems	❑	❑	❑	❑
body image issue	❑	❑	❑	❑	flashbacks	❑	❑	❑	❑
impulsivity	❑	❑	❑	❑	hopelessness	❑	❑	❑	❑
recurring thoughts	❑	❑	❑	❑	oppositional behavior	❑	❑	❑	❑
loneliness	❑	❑	❑	❑	medical condition				

EMOTIONAL/PSYCHIATRIC HISTORY:

❑ ❑ **Prior outpatient psychotherapy/counseling?**
No Yes If yes, on occasion(s). Longest treatment by _____ for _____ session(s) from _____/_____ to _____/_____.
Provider Name Month/Year Month/Year

Prior provider name	**City**	**State**	**Phone**	**Diagnosis**	**Intervention/Modality**	**Beneficial?**
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

❑ ❑ **Prior inpatient treatment for a psychiatric, emotional, or substance use disorder?**
No Yes If yes, on occasion(s). Longest treatment by_____ for _____ sessions from _____/_____ to _____/_____.
Provider Name Month/Year Month/Year

Inpatient Facility Name	**City**	**State**	**Phone**	**Diagnosis**	**Intervention/Modality**	**Beneficial?**
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

❑ ❑ **Has any family member had outpatient psychotherapy/counseling? If yes, who/why (list all):** _____
No Yes _____
_____

❑ ❑ **Has any family member had inpatient treatment for a psychiatric, emotional, or substance use disorder? If yes, who/why (list all):**
No Yes _____

❑ ❑ **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/mood altering 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	❑	❑	❑
Father	❑	❑	❑
Stepmother	❑	❑	❑
Stepfather	❑	❑	❑
Brother(s)	❑	❑	❑
Sister(s)	❑	❑	❑
Other (specify)	❑	❑	❑

_____

I was child number ____ in a family of ____ children.

Parent's 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 toward others
❑experienced physical/verbal/sexual abuse from others

Mother:

Briefly describe your **mother**: _____
How did she discipline you? _____ How did she reward you? _____
How did you get along with your **mother** as a child? ❑poorly ❑average ❑well
How do you get along with your **mother** now? ❑poorly ❑average ❑well

Father:

Briefly describe your **father**: _____
How did he discipline you? _____How did he reward you? _____
How did you get along with your **father** as a child ❑poorly ❑average ❑well
How do you get along with your **father** now? ❑poorly ❑average ❑well

Describe your parents' overall treatment of the following people as you were growing up (circle one answer for each)**:**

Your Mother's Treatment of:	**Poor**			**Average**			**Excellent**
1. You	1	2	3	4	5	6	7
2. Your Family	1	2	3	4	5	6	7
3. Your Father	1	2	3	4	5	6	7

Your Father's Treatment of:	**Poor**			**Average**			**Excellent**
1. You	1	2	3	4	5	6	7
2. Your Family	1	2	3	4	5	6	7
3. Your Mother	1	2	3	4	5	6	7

Special circumstances/memories in childhood: _____
_____
_____

Immediate/Current 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
❑number prior marriage(s) (self) _____
❑number prior marriage(s) (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 <u>not</u> living in same household as 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:

Describe current physical health: ❑**Good** ❑**Fair** ❑**Poor**
_____
List name of primary care physician:
Name: _____ Phone: _____
List name of psychiatrist: (if any) ___ None
Name: _____ Phone: _____

Is there a history of any of the following in the family?:
❑tuberculosis ❑ heart disease ❑cancer ❑behavior problems
❑birth defects ❑high blood pressure ❑stroke ❑mental retardation
❑emotional problems ❑alcoholism ❑diabetes ❑thyroid problems
❑drug abuse ❑Alzheimer's disease/dementia
❑other chronic or serious health problems _____

List any medications currently being taken (give dosage & reason):
_____
_____
_____
_____

Have you ever had a seizure? ❑Yes ❑No
Have you ever been unconscious? ❑Yes ❑No
Women: Do you have problems with your period? ❑Yes ❑No
Have you ever had an abortion? ❑Yes ❑No

Describe any serious hospitalizations or accidents: ❑**none**
Date: _____ Age:_____ Reason: _____
Date: _____ Age: _____ Reason: _____
Date: _____ Age: _____ Reason: _____
Date: _____ Age: _____ Reason: _____
List any known allergies: _____
List any abnormal lab test results: ❑**none**
Date: _____ Result: _____
Date: _____ Result: _____

SUBSTANCE USE HISTORY: (check all that apply for patient):

Substances used: (Complete all that apply)	First use age	Last use age	Current Use *(yes/no)*	Frequency	Amount
❑alcohol	_____	_____	_____	_____	_____
❑amphetamines/speed	_____	_____	_____	_____	_____
❑barbiturates/downers	_____	_____	_____	_____	_____
❑caffeine	_____	_____	_____	_____	_____
❑cocaine	_____	_____	_____	_____	_____
❑crack cocaine	_____	_____	_____	_____	_____
❑hallucinogens (e.g.LSD)	_____	_____	_____	_____	_____
❑ inhalants (e.g., glue, gas)	_____	_____	_____	_____	_____
❑marijuana or hashish	_____	_____	_____	_____	_____
❑nicotine/cigarettes	_____	_____	_____	_____	_____
❑PCP	_____	_____	_____	_____	_____
❑prescription _____	_____	_____	_____	_____	_____
❑other_____	_____	_____	_____	_____	_____

Family Alcohol/Drug Abuse History
❑none ❑stepparent/live-in
❑father ❑uncle(s)/aunt(s)
❑mother ❑spouse/significant other
❑grandparent(s) ❑children
❑siblings ❑other _____

Consequences of substance abuse (check all that apply):
❑hangovers ❑withdrawal symptoms ❑sleep disturbance ❑binges ❑blackouts
❑seizures ❑loss of control of amount used ❑assaults ❑relationship conflicts ❑overdose
❑job loss ❑medical conditions ❑arrests ❑tolerance changes ❑suicidal impulse
❑other _____

Substance use status of patient:
❑no history of abuse
❑active abuse
❑early full remission
❑early partial remission
❑sustained full remission
❑sustained partial remission

Patient treatment history:
❑ outpatient (ages(s) _____
❑inpatient (ages(s) _____
❑12-step program (age(s) _____
❑stopped on own (age(s) _____
❑other (age(s) _____
describe: _____

Internet /Technology Use:
Estimate how many hours a day you spend on each:
___FaceBook ___YouTube ___Gaming
___Browsing ___Texting
___Work/School ____Other: _____
Do you believe your technology use is balanced and healthy, or could it be improved? Please explain:
_____
_____

DEVELOPMENTAL HISTORY:

Problems during mother's pregnancy:
- ❑none
- ❑high blood pressure
- ❑kidney infection
- ❑German measles
- ❑emotional stress
- ❑bleeding
- ❑alcohol use
- ❑drug use
- ❑cigarette use

Birth:
- ❑normal delivery
- ❑difficult delivery
- ❑cesarean delivery
- ❑complications _____ _____
- birth weight: _____

Infancy:
- ❑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
- ❑significant injuries_____
- ❑chronic, serious health problems _____
- ❑lead poisoning (age ____)
- ❑mumps (age _____)
- ❑diphtheria (age_____)
- ❑poliomyelitis (age _____)
- ❑pneumonia (age _____)
- ❑tuberculosis (age_____)
- ❑mental retardation
- ❑asthma
- ❑allergies to _____

Delayed developmental milestones (check only those milestones that did not occur at expected age**):**
- ❑sitting
- ❑rolling over
- ❑controlling bladder
- ❑walking
- ❑feeding self
- ❑speaking words
- ❑speaking sentences
- ❑playing cooperatively
- ❑other _____
- ❑controlling bowels
- ❑sleeping alone
- ❑standing
- ❑engaging peers
- ❑dressing self
- ❑tolerating separation
- ❑riding tricycle
- ❑riding bicycle

Emotional / Behavior problems (check all that apply from childhood through adulthood)**:**
- ❑drug use
- ❑alcohol abuse
- ❑chronic lying
- ❑stealing
- ❑violent temper
- ❑poor concentration
- ❑hyperactive
- ❑animal cruelty
- ❑frequently tearful
- ❑accident proneness
- ❑other _____
- ❑nightmares
- ❑not trustworthy
- ❑hostile/angry mood
- ❑indecisive
- ❑immature
- ❑bizarre behavior
- ❑self-injurious threats
- ❑self-injurious acts
- ❑breaks things
- ❑fearful/anxious
- ❑distrustful
- ❑extreme worrier
- ❑disobedient
- ❑impulsive
- ❑easily distracted
- ❑fire-setting
- ❑often sad
- ❑assaults others
- ❑frequently daydreams
- ❑lack of attachment

Social interaction (check all that apply):
- ❑normal social interaction
- ❑associates with acting-out peers
- ❑inappropriate sex play
- ❑alienates self
- ❑dominates others
- ❑isolates self
- ❑very shy
- ❑other: _____

_____

Intellectual / academic functioning (check all that apply):
- ❑normal intelligence
- ❑high intelligence
- ❑learning problems
- ❑authority conflicts
- ❑attention problems
- ❑underachieving
- ❑mild retardation
- ❑moderate retardation
- ❑severe retardation

Current or highest education level: _____

Current School and Grade: _____

Describe any other developmental problems or issues: _____

_____

SOCIO-ECONOMIC HISTORY: (check all that apply for patient):

Living situation:
- ❑housing adequate
- ❑homeless
- ❑housing overcrowded
- ❑dependent on others for housing
- ❑housing dangerous/deteriorating
- ❑living companions' dysfunctional

Additional information: _____

Social support system:
- ❑supportive network
- ❑few friends
- ❑substance-use-based friends
- ❑no friends
- ❑distant from family of origin

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 ___
- ❑have been raped/molested

At what age? _____

Employment:
- ❑employed & satisfied
- ❑employed but dissatisfied
- ❑unemployed
- ❑co-worker 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

Military history:
- ❑never in military
- ❑served in military – no incident
- ❑served in military – **with** incident

_____

Legal history:
- ❑no legal problems
- ❑now on parole/probation
- ❑arrest(s) not substance related
- ❑court ordered this treatment
- ❑jail/prison _____time(s)
  total time served _____
  describe last legal difficulty___
- ❑other: _____

Cultural / Spiritual / Recreational history:

Cultural identity (e.g. ethnicity, religion): _____

_____

Describe any cultural issues that contribute to current problem:

_____

Currently active in community/recreational activities? ❑Yes ❑ No

Formerly active in community/recreational activities? ❑Yes ❑No

Currently engaged in hobbies? ❑Yes ❑ No

Currently participate in spiritual activities ❑Yes ❑No

Questions related to morals/religion/spirituality ❑Yes ❑No

If answered ***yes*** to any of above, describe: _____

_____

_____

_____

_____

Education:	**Some**	**Graduated**	**Type Course of Study/Degree**
High School:	□	□	_____
College:	□	□	_____
Graduate School:	□	□	_____
Other:	□	□	_____

List any additional information about yourself or your situation that you think might be helpful for me to know:

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Sources of data provided above: ❑ Patient self-report for all; or ❑A variety of sources (if so, check appropriate sources below):

Presenting Problems/Symptoms ❑patient self-report ❑patient's parent/guardian ❑other (specify_____	**Family History** ❑ patient self-report ❑patient's parent/guardian ❑other (specify_____	**Developmental History** ❑patient self-report ❑patient's parent/guardian ❑other (specify_____
Emotional/Psychiatric History ❑patient self-report ❑patient's parent/guardian ❑other (specify_____	**Medical/Substance Abuse History** ❑patient self-report ❑patient's parent/guardian ❑Other (specify_____	**Socioeconomic History** ❑patient self-report ❑patient's parent/guardian ❑other (specify_____

Notes: _____

_____

_____

_____

_____

_____

_____