Patient name _____ Patient ID# _____ Patient SS# _____ Date _____ Page __

# BIOPSYCHOSOCIAL HISTORY

## PRESENTING PROBLEMS

Presenting problems and duration of problems:

_____

_

_____

_

_____

_

What *recently* happened to make you seek help now?_____

_____

__

## CURRENT SYMPTOM 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

| | Mild | Moderate | Severe |
|---|---|---|---|
| depressed mood | [ ] | [ ] | [ ] |
| appetite disturbance | [ ] | [ ] | [ ] |
| sleep disturbance | [ ] | [ ] | [ ] |
| elimination disturbance | [ ] | [ ] | [ ] |
| fatigue/low energy | [ ] | [ ] | [ ] |
| [ ] | | | |
| psychomotor retardation | [ ] | [ ] | [ ] |
| poor concentration | [ ] | [ ] | [ ] |
| poor grooming | [ ] | [ ] | [ ] |
| mood swings | [ ] | [ ] | [ ] |
| agitation | [ ] | [ ] | [ ] |
| emotionality | [ ] | [ ] | [ ] |
| irritability | [ ] | [ ] | [ ] |
| generalized anxiety | [ ] | [ ] | [ ] |
| panic attacks | [ ] | [ ] | [ ] |
| phobias | [ ] | [ ] | [ ] |
| obsessions/compulsions | [ ] | [ ] | [ ] |

| | Mild | Moderate | Severe |
|---|---|---|---|
| bingeing/purging | [ ] | [ ] | [ ] |
| laxative/diuretic abuse | [ ] | [ ] | [ ] |
| anorexia | [ ] | [ ] | [ ] |
| paranoid ideation | [ ] | [ ] | [ ] |
| circumstantial symptoms | [ ] | [ ] | [ ] |
| loose associations | [ ] | [ ] | [ ] |
| delusions | [ ] | [ ] | [ ] |
| hallucinations | [ ] | [ ] | [ ] |
| aggressive behaviors | [ ] | [ ] | [ ] |
| conduct problems | [ ] | [ ] | [ ] |
| oppositional behavior | [ ] | [ ] | [ ] |
| sexual dysfunction | [ ] | [ ] | [ ] |
| grief | [ ] | [ ] | [ ] |
| hopelessness | [ ] | [ ] | [ ] |
| social isolation | [ ] | [ ] | [ ] |
| worthlessness | [ ] | [ ] | [ ] |

| | Mild | Moderate | Severe |
|---|---|---|---|
| guilt | [ ] | [ ] | [ ] |
| elevated mood | [ ] | [ ] | [ ] |
| hyperactivity | [ ] | [ ] | [ ] |
| dissociative states | [ ] | [ ] | [ ] |
| somatic complaints | [ ] | | [ ] |
| self-mutilation | [ ] | [ ] | [ ] |
| weight gain/loss | [ ] | [ ] | [ ] |
| medical condition | [ ] | [ ] | [ ] |
| emotional trauma | [ ] | [ ] | [ ] |
| physical trauma | [ ] | [ ] | [ ] |
| sexual trauma | [ ] | [ ] | [ ] |
| substance abuse | [ ] | [ ] | [ ] |
| other (specify) | [ ] | [ ] | [ ] |

Do you have thoughts now or recently of wishing you were dead?_____

Do you have thoughts now or recently of harming yourself?_____

Have you ever attempted to commit suicide or seriously harm yourself?_____When?_____

Please explain (how, why)_____

Do you have any thoughts now or recently of harming others?_____Who?_____

Have you ever attempted to seriously harm someone else?_____Who?_____

Patient name _____ Patient ID# _____ Patient SS# _____ Date _____ Page __

Please explain (how, why)_____

## EMOTIONAL/PSYCHIATRIC HISTORY

[ ] [ ] **Prior outpatient psychotherapy?**
No Yes If yes, on ___occasions. Longest treatment by _____ for _____ from ___/___ to ___/___
Provider Name Month/Year Month/Year

*Was your experience beneficial? Please explain*_____

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

_____

[ ] [ ] **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 | 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 | Physician | Side effects | Beneficial? |
|---|---|---|---|---|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

[ ] [ ] **Has any family member used psychotropic 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 | [ ] | [ ] | [ ] |

**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

**Describe parents:**

| | **Father** | **Mother** |
|---|---|---|
| full name | _____ | _____ |
| occupation | _____ | _____ |
| education | _____ | _____ |
| general health | _____ | _____ |

**Describe childhood family experience:**

Patient name _____ Patient ID# _____ Patient SS# _____ Date _____ Page ___

| | | | |
|---|---|---|---|
| brother(s) | [ ] | [ ] | [ ] |
| sister(s) | [ ] | [ ] | [ ] |
| other (specify) | [ ] | [ ] | [ ] |

_____

_____

[ ] mother deceased for ___ years
age of patient at mother's death ___
[ ] father deceased for ___ years
age of patient at father's death ___

[ ] 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:** _____

_____

_____

**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 client's household:**

| Name | Age | Sex | Relationship to patient |
|---|---|---|---|
| _____ | ____ | ____ | _____ |
| _____ | ____ | ____ | _____ |
| _____ | ____ | ____ | _____ |

**List children <u>not</u> living in same household as client:**

| | | | |
|---|---|---|---|
| _____ | ____ | ____ | _____ |
| _____ | ____ | ____ | _____ |
| _____ | ____ | ____ | _____ |

Frequency of visitation of above: _____

**Describe any past or current significant issues in <u>intimate</u> relationships:** _____

_____

_____

_____

**Describe any past or current significant issues in other <u>immediate family</u> relationships:** _____

_____

_____

_____

MEDICAL HISTORY (check all that apply for patient)

**Describe current physical health:** [ ] Good [ ] Fair [ ] Poor

Current health issues:

_____

***List name of primary care physician:***

Name _____ Phone _____

**List name of psychiatrist:** (if any):

Name _____ Phone _____

Patient name _____ Patient ID# _____ Patient SS# _____ Date _____ Page __

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

_____ _____

_____ _____

_____ _____

**Describe any serious hospitalization or accidents:**_____

## 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 (Client):**

[ ] no history of abuse
[ ] active abuse
[ ] early full remission
[ ] early partial remission
[ ] sustained full remission
[ ] sustained partial remission

**Substances used (Client):**

| (complete all that apply) | First use age | Last use age | Current Use (Yes/No) | Frequency | Amount |
|---|---|---|---|---|---|
| [ ] alcohol | | | | | |
| [ ] amphetamines/speed | | | | | |
| [ ] barbiturates/owners | | | | | |
| [ ] caffeine | | | | | |
| [ ] cocaine | | | | | |
| [ ] crack cocaine | | | | | |
| [ ] hallucinogens (e.g., LSD) | | | | | |
| [ ] inhalants (e.g., glue, gas) | | | | | |
| [ ] marijuana or hashish | | | | | |
| [ ] nicotine/cigarettes | | | | | |
| [ ] PCP | | | | | |
| [ ] prescription_____ | | | | | |
| [ ] other_____ | | | | | |

**Treatment history:**

[ ] outpatient (age[s]_____)
[ ] inpatient (age[s]_____)
[ ] 12-step program (age[s]_____)
[ ] stopped on own (age[s]_____)
[ ] other (age[s]_____
describe:_____

**Consequences of substance abuse** (check all that apply):

[ ] hangovers [ ] withdrawal symptoms [ ] sleep disturbance [ ] binges
[ ] seizures [ ] medical conditions [ ] assaults [ ] job loss
[ ] blackouts [ ] tolerance changes [ ] suicidal impulse [ ] arrests
[ ] overdose [ ] loss of control amount used [ ] relationship conflicts
[ ] other _____

Additional information_____

_____

_

## SOCIO-ECONOMIC HISTORY (check all that apply)

***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
[ ] involvement in self-help groups

***Legal history:***

[ ] no legal problems
[ ] now on parole/probation
[ ] arrest(s) not substance-related
[ ] arrest(s) substance-related
[ ] court ordered this treatment
[ ] court ordered this treatment
[ ] jail/prison time(s) total time served:_____
Please describe_____

**Employment:**

[ ] employed and satisfied
[ ] employed but dissatisfied
[ ] unemployed
[ ] supervisor or coworker conflicts
[ ] disabled:_____

**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 [ ]

[ ] unstable work history

Please described:_____

_____

**Financial situation:**

[ ] *no current financial problems*

[ ] large indebtedness

[ ] poverty or below-poverty income

[ ] impulsive spending

[ ] relationship conflicts over finances

formerly active in community/recreational activities? Yes [ ] No [ ]

currently engage in hobbies? Yes [ ] No [ ]

currently participate in spiritual activities? Yes [ ] No [ ]

if answered "yes" to any of above, please describe: _____

_____

_____

_____