

BIOPSYCHOSOCIAL HISTORY

WHAT BRINGS YOU TO THERAPY?

Presenting problems	Duration (months)	Additional information:
_____	_____	_____
_____	_____	_____
_____	_____	_____

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

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
depressed mood	[]	[]	[]	[]	bingeing/purging	[]	[]	[]	[]	guilt	[]	[]	[]	[]
appetite disturbance	[]	[]	[]	[]	laxative/diuretic abuse	[]	[]	[]	[]	elevated mood	[]	[]	[]	[]
sleep disturbance	[]	[]	[]	[]	anorexia	[]	[]	[]	[]	hyperactivity	[]	[]	[]	[]
elimination disturbance	[]	[]	[]	[]	paranoia	[]	[]	[]	[]	dissociative states	[]	[]	[]	[]
fatigue/low energy	[]	[]	[]	[]	delusions	[]	[]	[]	[]	physical complaints	[]	[]	[]	[]
feeling slow/sluggish	[]	[]	[]	[]	hallucinations	[]	[]	[]	[]	self-mutilation/cutting	[]	[]	[]	[]
poor concentration	[]	[]	[]	[]	emotional trauma victim	[]	[]	[]	[]	significant weight gain/loss	[]	[]	[]	[]
poor grooming	[]	[]	[]	[]	physical trauma victim	[]	[]	[]	[]	substance abuse	[]	[]	[]	[]
mood swings	[]	[]	[]	[]	aggressive behaviors	[]	[]	[]	[]	sexual trauma perpetrator	[]	[]	[]	[]
agitation	[]	[]	[]	[]	conduct problems	[]	[]	[]	[]	physical trauma perpetrator	[]	[]	[]	[]
emotionality	[]	[]	[]	[]	oppositional behavior	[]	[]	[]	[]	sexual trauma victim	[]	[]	[]	[]
irritability	[]	[]	[]	[]	sexual dysfunction	[]	[]	[]	[]	emotional trauma perpetrator	[]	[]	[]	[]
generalized anxiety	[]	[]	[]	[]	grief	[]	[]	[]	[]	suicidality w/o plan	[]	[]	[]	[]
panic attacks	[]	[]	[]	[]	feeling hopeless	[]	[]	[]	[]	suicidality w/plan	[]	[]	[]	[]
phobias	[]	[]	[]	[]	social isolation	[]	[]	[]	[]	homicidality	[]	[]	[]	[]
obsessions/compulsions	[]	[]	[]	[]	feeling worthless	[]	[]	[]	[]	other (specify) _____	[]	[]	[]	[]

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	Phone	Diagnosis	Intervention/Modality	Beneficial?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

[] [] **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	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

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

[] [] **Prior or current psychotropic medication usage? If yes:**

No	Yes	Medication	Dosage	Frequency	Start date	End date	Physician	Side effects	Beneficial?
		_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____	_____

Client name _____ Date _____

[] [] **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	[]	[]	[]
brother(s)	[]	[]	[]
sister(s)	[]	[]	[]
other (specify)	[]	[]	[]

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 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

Age you left 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 your household:

Name	Age	Sex	Relationship to patient
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List children not living in same household as you:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

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

[] tuberculosis	[] heart disease
[] birth defects	[] high blood pressure
[] emotional problems	[] alcoholism
[] behavior problems	[] drug abuse
[] thyroid problems	[] diabetes
[] cancer	[] Alzheimer's disease/dementia
[] mental retardation	[] stroke
[] other chronic or serious health problems	_____

Client name _____ Date _____

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

List any known allergies: _____

List any abnormal lab test results:

Date _____ Result _____
Date _____ Result _____

Describe any serious hospitalization or accidents:

Date _____ Age _____ Reason _____
Date _____ Age _____ Reason _____
Date: _____ Age _____ Reason _____

SUBSTANCE USE HISTORY (check all that apply)

Family alcohol/drug abuse history:

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

Substances used:

(complete all that apply)

- 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 _____

Current Use

First use age	Last use age	(Yes/No)	Frequency	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Substance use status:

- no history of abuse
- active abuse
- early full remission
- early partial remission
- sustained full remission
- sustained partial remission

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 _____

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

Social support system:

- supportive network
- few friends
- substance-use-based friends
- no friends
- distant from family of origin

Sexual history:

- heterosexual orientation currently sexually dissatisfied
- homosexual orientation age first sex experience _____
- bisexual orientation age first pregnancy/fatherhood ____
- currently sexually active history of promiscuity age __ to ____
- currently sexually satisfied history of unsafe sex age __ to ____
- Additional information: _____

Military history:

- 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: _____

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 engage in hobbies? Yes No
 currently participate in spiritual activities? Yes No
 if answered "yes" to any of above, describe: _____

Client name _____ Date _____

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: _____

To Be Completed by Therapist

SOURCES OF DATA PROVIDED ABOVE: Patient self-report for all A variety of sources (if so, check appropriate sources below):

Presenting Problems/Symptoms

- client self-report
- client's parent/guardian
- other (specify) _____

Family History

- client self-report
- client's parent/guardian
- other (specify) _____

Developmental History

- client self-report
- client's parent/guardian
- other (specify) _____

Emotional/Psychiatric History

- client self-report
- client's parent/guardian
- other (specify) _____

Medical/Substance Use History

- client self-report
- client's parent/guardian
- other (specify) _____

Socioeconomic History

- client self-report
- client's parent/guardian
- other (specify) _____