

Patient Name (last, first) _____

Patient ID# _____

Date _____

BIOPSYCHOSOCIAL HISTORY

PRESENTING PROBLEMS

| 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 | [] | [] | [] | [] | paranoid ideation | [] | [] | [] | [] | dissociative states | [] | [] | [] | [] |
| fatigue/low energy | [] | [] | [] | [] | circumstantial symptoms | [] | [] | [] | [] | somatic complaints | [] | [] | [] | [] |
| psychomotor retardation | [] | [] | [] | [] | loose associations | [] | [] | [] | [] | self-mutilation | [] | [] | [] | [] |
| poor concentration | [] | [] | [] | [] | delusions | [] | [] | [] | [] | significant weight gain/loss | [] | [] | [] | [] |
| poor grooming | [] | [] | [] | [] | hallucinations | [] | [] | [] | [] | concomitant medical condition | [] | [] | [] | [] |
| mood swings | [] | [] | [] | [] | aggressive behaviors | [] | [] | [] | [] | emotional trauma victim | [] | [] | [] | [] |
| agitation | [] | [] | [] | [] | conduct problems | [] | [] | [] | [] | physical trauma victim | [] | [] | [] | [] |
| emotionality | [] | [] | [] | [] | oppositional behavior | [] | [] | [] | [] | sexual trauma victim | [] | [] | [] | [] |
| irritability | [] | [] | [] | [] | sexual dysfunction | [] | [] | [] | [] | emotional trauma perpetrator | [] | [] | [] | [] |
| generalized anxiety | [] | [] | [] | [] | grief | [] | [] | [] | [] | physical trauma perpetrator | [] | [] | [] | [] |
| panic attacks | [] | [] | [] | [] | hopelessness | [] | [] | [] | [] | sexual trauma perpetrator | [] | [] | [] | [] |
| phobias | [] | [] | [] | [] | social isolation | [] | [] | [] | [] | substance abuse | [] | [] | [] | [] |
| obsessions/compulsions | [] | [] | [] | [] | worthlessness | [] | [] | [] | [] | other (specify) _____ | [] | [] | [] | [] |

EMOTIONAL/PSYCHIATRIC HISTORY

[] [] Prior outpatient psychotherapy/counseling?

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, who/why (list all): _____

No Yes _____

[] [] Prior or 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 medications? If yes, who/what/why (list all): _____

No Yes _____

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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 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 patient's household:

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

List children not 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 (check all that apply)

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 medications currently being taken (give dosage & reason):

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 | _____ |

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Social interaction (check all that apply):

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

Intellectual / academic functioning (check all that apply):

- normal intelligence
 - authority conflicts
 - mild retardation
 - high intelligence
 - attention problems
 - moderate retardation
 - learning problems
 - underachieving
 - severe retardation
- Current or highest education level _____

Describe any other developmental problems or issues: _____

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

Employment:

- employed and satisfied
- employed but dissatisfied
- unemployed
- coworker conflicts
- supervisor conflicts
- unstable work history
- served in military
- disabled

Financial situation:

- no current financial problems
- large indebtedness
- poverty or below-poverty income
- impulsive spending
- relationship conflicts over finances

Social support system:

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

Please list 3 personal strengths:

- [1] _____
- [2] _____
- [3] _____

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: _____
- Oakland County Youth Assistance
- School District: _____

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: _____

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: _____

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

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

Socioeconomic History

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



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