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

	Present entire childhood	Present part of childhood	Not Present at all
mother	☐	☐	☐
father	☐	☐	☐
stepmother	☐	☐	☐
stepfather	☐	☐	☐
brother(s)	☐	☐	☐
sister(s)	☐	☐	☐
other	☐	☐	☐

Describe parents

	Father	Mother
full name	_____	_____
occupation	_____	_____
education	_____	_____
general health	_____	_____

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
- ☐ cancer
- ☐ mental retardation
- ☐ heart disease
- ☐ high blood pressure
- ☐ alcoholism
- ☐ drug abuse
- ☐ diabetes
- ☐ Alzheimer's disease/dementia
- ☐ 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
- ☐ mother
- ☐ grandparent(s)
- ☐ sibling(s)
- ☐ stepparent/live-in
- ☐ uncle(s)/aunt(s)
- ☐ spouse/significant other
- ☐ 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
- ☐ seizures
- ☐ blackouts
- ☐ Accidental overdose
- ☐ binges
- ☐ withdrawal symptoms
- ☐ medical conditions
- ☐ Increase in tolerance
- ☐ loss of control over amount used
- ☐ job loss
- ☐ sleep disturbance
- ☐ assaults
- ☐ suicide attempts
- ☐ suicidal impulse/thoughts
- ☐ relationship conflicts
- ☐ arrests
- ☐ 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) _____	☐ lead poisoning	(age) _____
☐ German measles	(age) _____	☐ mumps	(age) _____
☐ red measles	(age) _____	☐ diphtheria	(age) _____
☐ rheumatic fever	(age) _____	☐ poliomyelitis	(age) _____
☐ whooping cough	(age) _____	☐ pneumonia	(age) _____
☐ scarlet fever	(age) _____	☐ tuberculosis	(age) _____
☐ autism		☐ mental retardation	
☐ ear infections		☐ 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 bladder
- ☐ controlling bowels
- ☐ sleeping alone
- ☐ dressing self
- ☐ engaging peers
- ☐ tolerating separation
- ☐ playing cooperatively
- ☐ riding tricycle
- ☐ 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
- ☐ isolates self
- ☐ very shy
- ☐ alienates self
- ☐ other _____
- ☐ inappropriate sex play
- ☐ dominates others
- ☐ associates with acting-out peers

Intellectual / academic functioning

- ☐ normal intelligence
- ☐ high intelligence
- ☐ learning problems
- ☐ authority conflicts
- ☐ attention problems
- ☐ underachieving
- ☐ mild retardation
- ☐ moderate retardation
- ☐ severe retardation

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 _____