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Biopsychosocial History

Client Name **D.O.B.** **Client SS#** **Date**

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 ideas	☐	☐	☐	☐	losing track of time or place	☐	☐	☐	☐
fatigue/low energy	☐	☐	☐	☐	overly detailed thoughts	☐	☐	☐	☐	somatic complaints	☐	☐	☐	☐
slow movements	☐	☐	☐	☐	jumping from topic to topic	☐	☐	☐	☐	self-mutilation	☐	☐	☐	☐
poor concentration	☐	☐	☐	☐	delusions	☐	☐	☐	☐	weight gain/loss	☐	☐	☐	☐
poor grooming	☐	☐	☐	☐	hallucinations	☐	☐	☐	☐	a 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

☐ Yes ☐ No Prior outpatient psychotherapy?
If yes, on _____ occasions. Longest treatment by _____ for ___ sessions from ___ /___ to ___ /___

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

Has any family member had outpatient psychotherapy?

☐ Yes ☐ No If yes, who/why (list all):

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Biopsychosocial History

Prior inpatient treatment for a psychiatric, emotional, or substance use disorder? ☐ Yes ☐ No

If yes, on _____ occasions. Longest treatment by _____ for ___ sessions from ___ /___ to ___ /___

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?
☐ Yes ☐ No If yes, who/why (list all):

_____

_____

Prior or current psychotropic medication usage?
☐ Yes ☐ No If yes:

Medication	Dosage	Frequency	Start date	End date	Physician	Side effects	Beneficial?

Has any family member used psychotropic medications?
☐ Yes ☐ No If yes, who/why (list all):

_____

_____

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

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Biopsychosocial History

Family History — Family Of Origin (continued)

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:

☐ single, never married
☐ engaged _____ months
☐ married for _____ years

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:

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:

_____

_____

_____

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Biopsychosocial History

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 medications currently being taken (give dosage & reason):

Is there a history of any of the following: - for self

☐ 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:
Date Age Reason

List any known allergies:
Date Age Reason

List any abnormal lab test results:
Date Result

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Biopsychosocial History

Substance Use History (check all that apply for patient)

Family alcohol/drug abuse history:

- ☐ father
- ☐ mother
- ☐ grandparent(s)
- ☐ sibling(s)
- ☐ other

_____

- ☐ stepparent/live-in
- ☐ uncle(s)/aunt(s)
- ☐ spouse/significant other
- ☐ children

Substance use status: - for self

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

Treatment history: - for self

- ☐ outpatient age(s) _____
- ☐ inpatient age(s) _____
- ☐ 12-step program age(s) _____
- ☐ stopped on own age(s) _____
- ☐ other age(s) _____

describe:

_____

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 _____					

Consequences of substance abuse: (check all that apply)

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

_____

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Biopsychosocial History

Developmental History (check all that apply for a child/adolescent patient)

Problems during mother's pregnancy:

☐ none
☐ high blood pressure
☐ kidney infection
☐ German measles
☐ bleeding
☐ alcohol use
☐ drug use
☐ cigarette use
☐ other

Birth:

☐ normal delivery
☐ difficult delivery
☐ cesarean delivery
☐ complications

_____

birth weight ____ lbs ____ oz

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 _____
☐ pneumonia – age _____
☐ autism
☐ ear infections
☐ lead poising – age _____
☐ mumps – age _____
☐ diphtheria – age _____
☐ poliomyelitis – age _____
☐ tuberculosis – age _____
☐ mental retardation
☐ 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
☐ other _____
☐ controlling bowels
☐ sleeping alone
☐ dressing self
☐ engaging peers
☐ tolerating separation
☐ playing cooperatively
☐ riding tricycle
☐ riding bicycle

Emotional/behavior problems: (check all that apply)

☐ drug use
☐ alcohol abuse
☐ chronic lying
☐ stealing
☐ violent temper
☐ fire-setting
☐ hyperactive
☐ animal cruelty
☐ assaults others
☐ disobedient
☐ other _____
☐ repeats words of others
☐ not trustworthy
☐ hostile/angry mood
☐ indecisive
☐ immature
☐ bizarre behavior
☐ self-injurious threats
☐ frequently tearful
☐ frequently daydreams
☐ lack of attachment
☐ distrustful
☐ extreme worrier
☐ self-injurious acts
☐ impulsive
☐ easily distracted
☐ poor concentration
☐ often sad
☐ breaks things

Social interaction: (check all that apply)

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

_____

Describe any other developmental problems or issues:

_____

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Biopsychosocial History

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

Military history:

- ☐ never in military
- ☐ served in military – no incident
- ☐ served in military – with incident

Additional information: _____

_____

Employment:

- ☐ employed and satisfied
- ☐ employed but dissatisfied
- ☐ unemployed
- ☐ coworker conflicts
- ☐ supervisor conflicts
- ☐ unstable work history
- ☐ disabled: _____

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: _____

_____

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:

_____

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 on the left, describe:

_____

_____

_____

_____

_____

Sources of Data Provided Above:

☐ Patient self-report for all ☐ 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 Use History:

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

Socioeconomic History:

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