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# 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 |
|---|---|---|---|---|
| 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 | ☐ | ☐ | ☐ | ☐ |

| | None | 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 | ☐ | ☐ | ☐ | ☐ |

| | None | Mild | Moderate | Severe |
|---|---|---|---|---|
| guilt | ☐ | ☐ | ☐ | ☐ |
| elevated mood | ☐ | ☐ | ☐ | ☐ |
| hyperactivity | ☐ | ☐ | ☐ | ☐ |
| dissociative states | ☐ | ☐ | ☐ | ☐ |
| somatic complaints | ☐ | ☐ | ☐ | ☐ |
| self-mutilation | ☐ | ☐ | ☐ | ☐ |
| significant weight gain/loss | ☐ | ☐ | ☐ | ☐ |
| concomitant medical condition | ☐ | ☐ | ☐ | ☐ |
| emotional trauma victim | ☐ | ☐ | ☐ | ☐ |
| physical trauma victim | ☐ | ☐ | ☐ | ☐ |
| sexual trauma victim | ☐ | ☐ | ☐ | ☐ |
| emotional trauma perpetrator | ☐ | ☐ | ☐ | ☐ |
| physical trauma perpetrator | ☐ | ☐ | ☐ | ☐ |
| sexual trauma perpetrator | ☐ | ☐ | ☐ | ☐ |
| substance abuse | ☐ | ☐ | ☐ | ☐ |
| other (specify) _____ | ☐ | ☐ | ☐ | ☐ |

Client name: Date of Birth:

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? |
|---|---|---|---|---|---|---|---|
| | | | | | | | |
| | | | | | | | |

☐ ☐ **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 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 <u>not</u> living in same household as patient:**

| | | | |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

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

_____

**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):

_____

_____

_____

**List any known allergies:** _____

**List any abnormal lab test results:**

Date _____ Result _____

Date _____ Result _____

**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 _____

_____

**Describe any serious hospitalization or accidents:**

Date _____ Age _____ Reason _____

Date _____ Age _____ Reason _____

Date: _____ Age _____ Reason _____

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:**

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

**Substances used:**

| (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 _____

Client name: Date of Birth:

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
- ☐ 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: _____

**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

**Military history:**

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

_____

**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 of above, describe: _____

_____

_____

Client name: Date of Birth: