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CHILD / ADOLESCENT 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) _____	☐	☐	☐	☐

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

☐lationship 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 _____

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 _____

_____

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

Describe any serious hospitalization or accidents:
Date _____ Age _____ Reason _____
Date: _____ Age _____ Reason _____
Date _____ Age _____ Reason _____

List any known allergies: _____

List any abnormal lab test results:
Date _____ Result _____
Date _____ 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

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
- ☐ 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 _____

DEVELOPMENTAL HISTORY (check all that apply for a 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:

- ☐ 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 _____)
- ☐ autism
- ☐ ear infections
- ☐ lead poising (age _____)
- ☐ mumps (age _____)
- ☐ diphtheria (age _____)
- ☐ poliomyelitis (age _____)
- ☐ pneumonia (age _____)
- ☐ tuberculosis (age _____)
- ☐ mental retardation
- ☐ asthma
- ☐ allergies to _____
- ☐ significant injuries _____
- ☐ chronic, serious health problems _____
  _____

Client name: Date of Birth:

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
- ☐ 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
- ☐ other _____

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: _____

_____

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

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

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

_____

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: _____

_____

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: