

Patient name \_\_\_\_\_

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?

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: \_\_\_\_\_

Patient name \_\_\_\_\_

Date \_\_\_\_\_

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**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 for patient)**

**Describe current physical health:**  Good  Fair  Poor

**Is there a history of any of the following in the family:**



Patient name \_\_\_\_\_

Date \_\_\_\_\_

- mother's pregnancy:**
- |  |   |   |
|--|---|---|
| <input type="checkbox"/> normal delivery     | <input type="checkbox"/> chickenpox (age _____)     | <input type="checkbox"/> lead poisoning (age _____)             |
| <input type="checkbox"/> difficult delivery  | <input type="checkbox"/> German measles (age _____) | <input type="checkbox"/> mumps (age _____)                      |
| <input type="checkbox"/> none                | <input type="checkbox"/> cesarean delivery          | <input type="checkbox"/> red measles (age _____)                |
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> complications _____        | <input type="checkbox"/> poliomyelitis (age _____)              |
| <input type="checkbox"/> kidney infection    | <input type="checkbox"/> _____                      | <input type="checkbox"/> whooping cough (age _____)             |
| <input type="checkbox"/> German measles      | birth weight ___ lbs ___ oz.                        | <input type="checkbox"/> scarlet fever (age _____)              |
| <input type="checkbox"/> emotional stress    |   | <input type="checkbox"/> autism                                 |
| <input type="checkbox"/> bleeding            | <b>Infancy:</b>                                     | <input type="checkbox"/> ear infections                         |
| <input type="checkbox"/> alcohol use         | <input type="checkbox"/> feeding problems           | <input type="checkbox"/> allergies to _____                     |
| <input type="checkbox"/> drug use            | <input type="checkbox"/> sleep problems             | <input type="checkbox"/> significant injuries _____             |
| <input type="checkbox"/> cigarette use       | <input type="checkbox"/> toilet training problems   | <input type="checkbox"/> chronic, serious health problems _____ |
| <input type="checkbox"/> other               |   |   |

**Delayed developmental milestones** (check only those milestones that did not occur at expected age):

- |  |  |
|--|--|
| <input type="checkbox"/> sitting             | <input type="checkbox"/> controlling bowels    |
| <input type="checkbox"/> rolling over        | <input type="checkbox"/> sleeping alone        |
| <input type="checkbox"/> standing            | <input type="checkbox"/> dressing self         |
| <input type="checkbox"/> walking             | <input type="checkbox"/> engaging peers        |
| <input type="checkbox"/> feeding self        | <input type="checkbox"/> tolerating separation |
| <input type="checkbox"/> speaking words      | <input type="checkbox"/> playing cooperatively |
| <input type="checkbox"/> speaking sentences  | <input type="checkbox"/> riding tricycle       |
| <input type="checkbox"/> controlling bladder | <input type="checkbox"/> riding bicycle        |
| <input type="checkbox"/> other _____         |  |

**Emotional / behavior problems** (check all that apply):

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

**Social interaction** (check all that apply):

- |  |   |
|--|---|
| <input type="checkbox"/> normal social interaction | <input type="checkbox"/> inappropriate sex play           |
| <input type="checkbox"/> isolates self             | <input type="checkbox"/> dominates others                 |
| <input type="checkbox"/> very shy                  | <input type="checkbox"/> associates with acting-out peers |
| <input type="checkbox"/> alienates self            | <input type="checkbox"/> other _____                      |

**Intellectual / academic functioning** (check all that apply):

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> normal intelligence | <input type="checkbox"/> authority conflicts | <input type="checkbox"/> mild retardation     |
| <input type="checkbox"/> high intelligence   | <input type="checkbox"/> attention problems  | <input type="checkbox"/> moderate retardation |
| <input type="checkbox"/> learning problems   | <input type="checkbox"/> underachieving      | <input type="checkbox"/> 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

**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: \_\_\_\_\_

**Military history:**

- never in military

**Cultural/spiritual/recreational history:**

**Employment:**

Patient name \_\_\_\_\_

Date \_\_\_\_\_

- employed and satisfied
- employed but dissatisfied
- unemployed
- coworker conflicts
- supervisor conflicts
- unstable work history
- disabled: \_\_\_\_\_

- served in military - no incident
- served in military - **with** incident

cultural identity (e.g., ethnicity, religion): \_\_\_\_\_  
 describe any cultural issues that contribute to current problem: \_\_\_\_\_

**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: \_\_\_\_\_

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 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) \_\_\_\_\_