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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>Impact</th>
<th>Symptom</th>
<th>Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aggressive Behaviors</td>
<td>None</td>
<td>Laxative/Diuretic Abuse</td>
<td>None</td>
</tr>
<tr>
<td>Agitation</td>
<td>None</td>
<td>Loose Associations</td>
<td>None</td>
</tr>
<tr>
<td>Anorexia</td>
<td>None</td>
<td>Mood Swings</td>
<td>None</td>
</tr>
<tr>
<td>Appetite Disturbance</td>
<td>None</td>
<td>Obsessions/Compulsions</td>
<td>None</td>
</tr>
<tr>
<td>Bingeing/Purging</td>
<td>None</td>
<td>Oppositional Behavior</td>
<td>None</td>
</tr>
<tr>
<td>Circumstantial Symptoms</td>
<td>None</td>
<td>Panic Attacks</td>
<td>None</td>
</tr>
<tr>
<td>Concomitant Medical Condition</td>
<td>None</td>
<td>Paranoid Ideation</td>
<td>None</td>
</tr>
<tr>
<td>Conduct Problems</td>
<td>None</td>
<td>Phobias</td>
<td>None</td>
</tr>
<tr>
<td>Delusions</td>
<td>None</td>
<td>Physical Trauma Perpetrator</td>
<td>None</td>
</tr>
<tr>
<td>Depressed Mood</td>
<td>None</td>
<td>Physical Trauma Victim</td>
<td>None</td>
</tr>
<tr>
<td>Dissociative States</td>
<td>None</td>
<td>Poor Concentration</td>
<td>None</td>
</tr>
<tr>
<td>Elevated Mood</td>
<td>None</td>
<td>Poor Grooming</td>
<td>None</td>
</tr>
<tr>
<td>Elimination Disturbance</td>
<td>None</td>
<td>Psychomotor Retardation</td>
<td>None</td>
</tr>
<tr>
<td>Emotional Trauma Perpetrator</td>
<td>None</td>
<td>Self-Mutiliation</td>
<td>None</td>
</tr>
<tr>
<td>Emotional Trauma Victim</td>
<td>None</td>
<td>Sexual Dysfunction</td>
<td>None</td>
</tr>
<tr>
<td>Emotionality</td>
<td>None</td>
<td>Sexual Trauma Perpetrator</td>
<td>None</td>
</tr>
<tr>
<td>Fatigue/Low Energy</td>
<td>None</td>
<td>Sexual Trauma Victim</td>
<td>None</td>
</tr>
<tr>
<td>Generalized Anxiety</td>
<td>None</td>
<td>Significant Weight Gain/Loss</td>
<td>None</td>
</tr>
<tr>
<td>Grief</td>
<td>None</td>
<td>Sleep Disturbance</td>
<td>None</td>
</tr>
<tr>
<td>Guilt</td>
<td>None</td>
<td>Social Isolation</td>
<td>None</td>
</tr>
<tr>
<td>Hallucinations</td>
<td>None</td>
<td>Somatic Complaints</td>
<td>None</td>
</tr>
<tr>
<td>Hopelessness</td>
<td>None</td>
<td>Substance Abuse</td>
<td>None</td>
</tr>
<tr>
<td>Hyperactivity</td>
<td>None</td>
<td>Worthlessness</td>
<td>None</td>
</tr>
<tr>
<td>Irritability</td>
<td>None</td>
<td>Other</td>
<td>None</td>
</tr>
</tbody>
</table>
# Emotional/Psychiatric History

**Prior outpatient psychotherapy?**
- [ ] No
- [ ] Yes

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

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Month/Year</th>
<th>Month/Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

**Prior provider name | City | State | Diagnosis | Intervention/Modality | Beneficial?**
- [ ] No
- [ ] Yes

<table>
<thead>
<tr>
<th>Prior provider name</th>
<th>City</th>
<th>State</th>
<th>Diagnosis</th>
<th>Intervention/Modality</th>
<th>Beneficial?</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

**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 ___/___

<table>
<thead>
<tr>
<th>Name of facility</th>
<th>Month/Year</th>
<th>Month/Year</th>
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<tbody>
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</tbody>
</table>

**Inpatient facility name | City | State | Diagnosis | Intervention/Modality | Beneficial?**
- [ ] No
- [ ] Yes

<table>
<thead>
<tr>
<th>Inpatient facility name</th>
<th>City</th>
<th>State</th>
<th>Diagnosis</th>
<th>Intervention/Modality</th>
<th>Beneficial?</th>
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</thead>
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</tbody>
</table>

**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

<table>
<thead>
<tr>
<th>Medication</th>
<th>Dosage</th>
<th>Frequency</th>
<th>Start Date</th>
<th>End Date</th>
<th>Physician</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

**Has any family member used psychotropic medications?** If yes, who/what/why (list all):

_____________________________________________________________________________________
|                                                                                         |   |
_____________________________________________________________________________________
## Family History

### Family of Origin

<table>
<thead>
<tr>
<th>Present during childhood</th>
<th>Describe parents</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

### 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 ____

### Age of emancipation from home: _____

#### Circumstances that contribute to emancipation

- __________________________________________
- __________________________________________
- __________________________________________

#### Special circumstances in childhood

- __________________________________________
- __________________________________________

### Immediate Family

<table>
<thead>
<tr>
<th>Marital status</th>
<th>Intimate relationship</th>
<th>Relationship satisfaction</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

- □ 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)

- □ never been in a serious relationship
- □ not currently in relationship
- □ currently in a serious relationship

- □ 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

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Relationship to Patient</th>
</tr>
</thead>
<tbody>
<tr>
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</table>

List biological / adopted children not living in same household as patient

<table>
<thead>
<tr>
<th>Name</th>
<th>Age</th>
<th>Sex</th>
<th>Relationship to Patient</th>
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</thead>
<tbody>
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</table>

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  ☐ 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

<table>
<thead>
<tr>
<th>Year</th>
<th>Age</th>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

List any abnormal lab test results

<table>
<thead>
<tr>
<th>Year</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

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

Patient Treatment history

☐ outpatient  (age[s]) ______
☐ Inpatient  (age[s]) ______
☐ 12-step program  (age[s]) ______
☐ stopped on own  (age[s]) ______
☐ other  (age[s]) ______

Substances used

<table>
<thead>
<tr>
<th>Substances used</th>
<th>First use age</th>
<th>Last use age</th>
<th>Current Use</th>
<th>Frequency</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ amphetamines/speed</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>☐ barbiturates/owners</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ crack cocaine</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ hallucinogens (e.g., LSD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ inhalants (e.g., glue, gas)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>☐ marijuana or hashish</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>☐ opioids</td>
<td></td>
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<tr>
<td>☐ PCP</td>
<td></td>
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<td></td>
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<tr>
<td>☐ prescription</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>☐ other</td>
<td></td>
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</tr>
</tbody>
</table>
### Consequences of substance abuse

- [ ] hangovers
- [ ] seizures
- [ ] blackouts
- [ ] Accidental overdose
- [ ] binges
- [ ] withdrawal symptoms
- [ ] other

- [ ] medical conditions
- [ ] Increase in tolerance
- [ ] loss of control over amount used
- [ ] job loss
- [ ] sleep disturbance
- [ ] assaults

- [ ] suicide attempts
- [ ] suicidal impulse/thoughts
- [ ] relationship conflicts
- [ ] arrests

### 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

- [ ] ______ lbs ______ oz.

#### Infancy Problems

- [ ] none
- [ ] 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 poisoning (age ) ______
- [ ] mumps (age ) ______
- [ ] diphtheria (age ) ______
- [ ] poliomyelitis (age ) ______
- [ ] pneumonia (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):
- none
- 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
- lack of attachment
- distrustful
- extreme worrier
- self-injurious acts
- impulsive
- easily distracted
- poor concentration
- often sad
- breaks things in anger

Social interaction
- normal social interaction
- isolates self
- very shy
- alienates self
- other

Intellectual / academic functioning
- normal intelligence
- underachieving
- high intelligence
- mild retardation
- learning problems
- moderate retardation
- authority conflicts
- severe retardation
- attention problems

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 ________________