

# 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	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	bingeing/purging	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	guilt	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
appetite disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	laxative/diuretic abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	elevated mood	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sleep disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	anorexia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
elimination disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	paranoid ideas	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	losing track of time or place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
fatigue/low energy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	overly detailed thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	somatic complaints	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
slow movements	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	jumping from topic to topic	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	self-mutilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
poor concentration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	delusions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	significant weight gain/loss	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
poor grooming	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	hallucinations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	a medical condition	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
mood swings	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	aggressive behaviors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	emotional trauma victim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
agitation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	conduct problems	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	physical trauma victim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
emotionality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	oppositional behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	sexual trauma victim	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
irritability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	sexual dysfunction	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	emotional trauma perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
generalized anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	grief	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	physical trauma perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
panic attacks	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	hopelessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	sexual trauma perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
phobias	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	social isolation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	substance abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
obsessions/compulsions	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	worthlessness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

## EMOTIONAL/PSYCHIATRIC HISTORY

No  Yes **Prior outpatient psychotherapy?** If yes, on \_\_\_\_\_ occasions. Longest treatment by \_\_\_\_\_ for \_\_\_\_\_ sessions from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

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

No  Yes **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?** If yes, on \_\_\_\_\_ occasions. Longest treatment at \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Inpatient facility name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

No  Yes **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:

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

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

**FAMILY HISTORY**  
**FAMILY OF ORIGIN**

**Present during childhood:**

	Present entire childhood	Present part of childhood	Not present at all
mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
stepmother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
stepfather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
brother(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
sister(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
other (specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**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:**

	<b>Father</b>	<b>Mother</b>
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

**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  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 \_\_\_\_\_

List any known allergies: \_\_\_\_\_ Date \_\_\_\_\_ Age \_\_\_\_\_ Reason \_\_\_\_\_  
 \_\_\_\_\_ Date: \_\_\_\_\_ Age \_\_\_\_\_ Reason \_\_\_\_\_

List any abnormal lab test results:  
 Date \_\_\_\_\_ Result \_\_\_\_\_  
 Date \_\_\_\_\_ Result \_\_\_\_\_

**SUBSTANCE USE HISTORY (check all that apply for patient)**

<b>Family alcohol/drug abuse history:</b>		<b>Substances used:</b>	<b>Current Use</b>			
		<b>(complete all that apply)</b>	<b>First use age</b>	<b>Last use age</b>	<b>(Yes/No)</b>	<b>Frequency Amount</b>
<input type="radio"/> father	<input type="radio"/> stepparent/live-in	<input type="radio"/> alcohol	_____	_____	_____	_____
<input type="radio"/> mother	<input type="radio"/> uncle(s)/aunt(s)	<input type="radio"/> amphetamines/speed	_____	_____	_____	_____
<input type="radio"/> grandparent(s)	<input type="radio"/> spouse/significant other	<input type="radio"/> barbiturates/owners	_____	_____	_____	_____
<input type="radio"/> sibling(s)	<input type="radio"/> children	<input type="radio"/> caffeine	_____	_____	_____	_____
<input type="radio"/> other _____		<input type="radio"/> cocaine	_____	_____	_____	_____
		<input type="radio"/> crack cocaine	_____	_____	_____	_____
		<input type="radio"/> hallucinogens (e.g., LSD)	_____	_____	_____	_____
		<input type="radio"/> inhalants (e.g., glue, gas)	_____	_____	_____	_____
		<input type="radio"/> marijuana or hashish	_____	_____	_____	_____
		<input type="radio"/> nicotine/cigarettes	_____	_____	_____	_____
		<input type="radio"/> PCP	_____	_____	_____	_____
		<input type="radio"/> prescription	_____	_____	_____	_____
		<input type="radio"/> other _____	_____	_____	_____	_____

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

**Consequences of substance abuse (check all that apply):**

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

**DEVELOPMENTAL HISTORY (check all that apply for a child/adolescent patient)**

<b>Problems during mother's pregnancy:</b>	<b>Birth:</b>	<b>Childhood health:</b>	
<input type="radio"/> none	<input type="radio"/> normal delivery	<input type="radio"/> chickenpox (age _____)	<input type="radio"/> lead poisoning (age _____)
<input type="radio"/> high blood pressure	<input type="radio"/> difficult delivery	<input type="radio"/> German measles (age _____)	<input type="radio"/> mumps (age _____)
<input type="radio"/> kidney infection	<input type="radio"/> cesarean delivery	<input type="radio"/> red measles (age _____)	<input type="radio"/> diphtheria (age _____)
<input type="radio"/> German measles	<input type="radio"/> complications	<input type="radio"/> rheumatic fever (age _____)	<input type="radio"/> poliomyelitis (age _____)
<input type="radio"/> emotional stress	birth weight ___ lbs ___ oz.	<input type="radio"/> whooping cough (age _____)	<input type="radio"/> pneumonia (age _____)
<input type="radio"/> bleeding		<input type="radio"/> scarlet fever (age _____)	<input type="radio"/> tuberculosis (age _____)
<input type="radio"/> alcohol use		<input type="radio"/> autism	<input type="radio"/> mental retardation
<input type="radio"/> drug use	<b>Infancy:</b>	<input type="radio"/> ear infections	<input type="radio"/> asthma
<input type="radio"/> cigarette use	<input type="radio"/> feeding problems	<input type="radio"/> allergies to _____	
<input type="radio"/> other _____	<input type="radio"/> sleep problems	<input type="radio"/> significant injuries _____	
	<input type="radio"/> toilet training problems	<input type="radio"/> 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
- 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

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

**Military history:**

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

**Cultural/spiritual/recreational history:**

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

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

**Financial situation:**

- no current financial problems
- large indebtedness
- poverty or below-poverty income
- impulsive spending
- relationship conflicts over finances

**SOURCES OF DATA PROVIDED ABOVE:**  Patient self-report for all  A variety of sources (if so, check appropriate sources below):

<p><b>Presenting Problems/Symptoms</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> patient self-report</li> <li><input type="radio"/> patient's parent/guardian</li> <li><input type="radio"/> other (specify) _____</li> </ul>	<p><b>Family History</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> patient self-report</li> <li><input type="radio"/> patient's parent/guardian</li> <li><input type="radio"/> other (specify) _____</li> </ul>	<p><b>Developmental History</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> patient self-report</li> <li><input type="radio"/> patient's parent/guardian</li> <li><input type="radio"/> other (specify) _____</li> </ul>
<p><b>Emotional/Psychiatric History</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> patient self-report</li> <li><input type="radio"/> patient's parent/guardian</li> <li><input type="radio"/> other (specify) _____</li> </ul>	<p><b>Medical/Substance Use History</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> patient self-report</li> <li><input type="radio"/> patient's parent/guardian</li> <li><input type="radio"/> other (specify) _____</li> </ul>	<p><b>Socioeconomic History</b></p> <ul style="list-style-type: none"> <li><input type="radio"/> patient self-report</li> <li><input type="radio"/> patient's parent/guardian</li> <li><input type="radio"/> other (specify) _____</li> </ul>