Client Name: _____

Biopsychosocial History

Presenting Problems

Presenting Problems	Duration (months)	Additional Information
1:		
2:		
3:		

Current Symptom Checklist

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*

aggressive behaviors	None	Mild	Moderate	Severe	agitation	None	Mild	Moderate	Severe
anorexia	None	Mild	Moderate	Severe	appetite disturbance	None	Mild	Moderate	Severe
bingeing/purging	None	Mild	Moderate	Severe	circumstantial symptoms	None	Mild	Moderate	Severe
concomitant medical condition	None	Mild	Moderate	Severe	conduct problems	None	Mild	Moderate	Severe
delusions	None	Mild	Moderate	Severe	depressed mood	None	Mild	Moderate	Severe
dissociative states	None	Mild	Moderate	Severe	elevated mood	None	Mild	Moderate	Severe
elimination disturbance	None	Mild	Moderate	Severe	emotional trauma perpetrator	None	Mild	Moderate	Severe
emotional trauma victim	None	Mild	Moderate	Severe	emotionality	None	Mild	Moderate	Severe
fatigue/low energy	None	Mild	Moderate	Severe	gender dysphoria	None	Mild	Moderate	Severe
gender identity issues	None	Mild	Moderate	Severe	generalized anxiety	None	Mild	Moderate	Severe
grief	None	Mild	Moderate	Severe	guilt	None	Mild	Moderate	Severe
hallucinations	None	Mild	Moderate	Severe	hopelessness	None	Mild	Moderate	Severe
hyperactivity	None	Mild	Moderate	Severe	irritability	None	Mild	Moderate	Severe
laxative/diuretic abuse	None	Mild	Moderate	Severe	loose associations	None	Mild	Moderate	Severe
mood swings	None	Mild	Moderate	Severe	obsessions/compulsions	None	Mild	Moderate	Severe
oppositional behavior	None	Mild	Moderate	Severe	other (specify below)	None	Mild	Moderate	Severe
panic attacks	None	Mild	Moderate	Severe	paranoid ideation	None	Mild	Moderate	Severe
phobias	None	Mild	Moderate	Severe	physical trauma perpetrator	None	Mild	Moderate	Severe
physical trauma victim	None	Mild	Moderate	Severe	poor concentration	None	Mild	Moderate	Severe
poor grooming	None	Mild	Moderate	Severe	post traumatic stress issues	None	Mild	Moderate	Severe
psychomotor retardation	None	Mild	Moderate	Severe	self-mutilation	None	Mild	Moderate	Severe
sexual dysfunction	None	Mild	Moderate	Severe	sexual identity issues	None	Mild	Moderate	Severe
sexual trauma perpetrator	None	Mild	Moderate	Severe	sexual trauma victim	None	Mild	Moderate	Severe
significant weight gain/loss	None	Mild	Moderate	Severe	sleep disturbance	None	Mild	Moderate	Severe
social isolation	None	Mild	Moderate	Severe	somatic complaints	None	Mild	Moderate	Severe
substance abuse	None	Mild	Moderate	Severe	worthlessness	None	Mild	Moderate	Severe

Other Symptom

Emotional/Psychiatric History

Prior Outpatient psychotherapy?	No Yes
Has any family member had outpatient psychotherapy?	No Yes
Prior inpatient treatment for a psychiatric, emotional, or substance use disorder?	No Yes
Has any family member had inpatient treatment for a psychiatric, emotional, or substance use disorder?	No Yes
Prior or current psychotropic medication usage?	No Yes
Has any family member used psychotropic medications?	No Yes

Family History

Family of Origin

mother	*present entire childhood*	*present part of childhood*	*not present at all*	*n/a*

father	present entire childhood	present part of childhood	not present at all	n/a
stepmother	present entire childhood	present part of childhood	not present at all	n/a
stepfather	present entire childhood	present part of childhood	not present at all	n/a
brother(s)	present entire childhood	present part of childhood	not present at all	n/a
sister(s)	present entire childhood	present part of childhood	not present at all	n/a
other (specify)	present entire childhood	present part of childhood	not present at all	n/a

Other

Parents' current marital status

- married to each other
- mother remarried ____ times
- mother deceased for ____ years
  age of patient at death ____
- separated for ____ years
- father remarried ____ times
- father deceased for ____ years
  age of patient at death ____
- divorced for ____ years
- mother involved with someone
- father involved with someone

Describe Father

Full name Occupation Education General health

Describe Mother

Full name Occupation Education General health

Describe childhood family experience

- outstanding home environment
- chaotic home environment
- experienced physical/verbal/sexual abuse from others
- normal home environment
- witnessed physical/verbal/sexual abuse toward others

Age of emancipation from home

Circumstances

Special Circumstances in Childhood

Immediate Family

Marital status

- single, never married
- divorced for ____ years
- live-in for ____ years
- widowed for ____ years
- engaged for ____ months
- seperated for ____ years
- prior marriages (self) ____ number
- married for ____ years
- divorce in process ____ months
- prior marriages (partner) ____ number

Intimate Relationship

Never been in a serious relationship | Not currently in a serious relationship | Currently in a serious relationship

Relationship Satisfaction

very satisfied | satisified | somewhat satisifed | dissatisfied | very dissatisfied

List all persons currently living in patient's household

Name	*Age*	*Sex*	*Relationship to patient*

List children not living in same household as patient

Name	*Age*	*Sex*	*Relationship to 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

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 being taken (give dosage and reason)

List any known allergies

List any abnormal lab results (date and result)

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

☐ tuberculosis ☐ birth defects ☐ emotional problems ☐ behavior problems ☐ thyroid problems ☐ cancer ☐ intellectual disability ☐ heart disease ☐ high blood pressure ☐ alcoholism ☐ drug abuse ☐ diabetes ☐ Alzheimers disease/dementia ☐ stroke ☐ other chronic or serious health problems Other details

Describe any serious hospitalizations or accidents

Date Age Reason
Date Age Reason
Date Age Reason

Ever had a concussion, major fall, motor vehicle accident, assaults, contact sport injury, or other head injury? If yes, please describe

Substance use History

Family alcohol/drug abuse history

☐ father ☐ mother ☐ grandparent(s) ☐ sibling(s) ☐ stepparent/live-in ☐ uncle(s)/aunt(s) ☐ spouse/significant other ☐ children ☐ other (list below)
Other names

Substance use status

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

Treatment history

☐ outpatient age(s)
☐ inpatient age(s)
☐ 12-step program age(s)
☐ stopped on own age(s)
☐ other (describe below) age(s)
Other treatments

Substances used

(complete all that apply)	*First use age*	*Last use age*	*Currently used*	*Frequency*	*Amount*
☐ alcohol			○ no ○ yes		
☐ amphetamines/speed			○ no ○ yes		
☐ barbiturates/downers			○ no ○ yes		
☐ caffeine			○ no ○ yes		
☐ cocaine			○ no ○ yes		
☐ crack cocaine			○ no ○ yes		
☐ hallucinogens (e.g. LSD)			○ no ○ yes		
☐ heroin			○ no ○ yes		

(complete all that apply)	First use age	Last use age	Currently used	Frequency	Amount
inhalants (e.g. glue, gas)			no yes		
marijuana or hashish			no yes		
nicotine/cigarettes			no yes		
PCP			no yes		
prescription			no yes		
sedatives			no yes		
other			no yes		

Consequences of substance abuse

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 (list below)

Other consequences

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

Infancy

feeding problems sleep problems toilet training problems

Childhood health

chickenpox - age
red measles - age
whooping cough - age
lead poisoning - age
diphtheria - age
pneumonia - age
autism
ear infection
allergies
chronic, serious health problems
German measles - age
rheumatic - age
scarlet fever - age
mumps - age
poliomyelitis - age
tuberculosis - age
intellectual disability
asthma
significant injuries

Delayed developmental milestones

sitting rolling over standing walking feeding self
speaking words speaking sentences controlling bladder controlling bowels tolerating separation
playing cooperatively riding tricycle riding bicycle other

Emotional / behavior problems

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
bizzare 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

normal social interaction isolates self very shy
alienates self inappropriate sex play dominates others
associates with acting out peers other

Intellectual / academic functioning

normal intelligence high intelligence learning problems
authority conflicts attention problems underachieving
mild intellectual disability moderate intellectual disability severe intellectual disability

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

Education level

- ○ Grade School
- ○ High School No Diploma
- ○ High School Graduate
- ○ Some College No Degree
- ○ Associate's Degree
- ○ Bachelor's Degree
- ○ Master's Degree
- ○ Professional Degree
- ○ Doctoral Degree
- ○ No Education
- ○ N/A

Employment

- ☐ employed and satisfied
- ☐ employed but dissatisified
- ☐ unemployed
- ☐ coworker conflicts
- ☐ supervisor conflicts
- ☐ unstable work history
- ☐ disabled

Occupation

Work Location

Time Employed

Work Satisfaction Level

- ○ Completely Satisfied
- ○ Somewhat Satisfied
- ○ Somewhat Dissatisfied
- ○ Completely Dissatisfied
- ○ No opinion

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 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 dissatisified
- ☐ 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
- ☐ formerly active in community/recreational activities
- ☐ currently engage in hobbies
- ☐ currently enage in spiritual activities

If any above are checked, please describe

Sources of Data Provided Above

○ Patient-self report for all ○ A variety of sources, check sources below

Presenting problems/Symptoms

○ Patient-self report ○ Patient's parent/guardian report ○ other

Emotional/Psychiatric History

○ Patient-self report ○ Patient's parent/guardian report ○ other

Family History

○ Patient-self report ○ Patient's parent/guardian report ○ other

Medical/Substance Use History

Patient-self report Patient's parent/guardian report other

Developmental History

Patient-self report Patient's parent/guardian report other

Socioeconomic History

Patient-self report Patient's parent/guardian report other

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