

BIOPSYCHOSOCIAL HISTORY

Patient name _____ Date _____

PRESENTING PROBLEMS

In a few words, please tell us why you are here today? _____

How long has this been occurring? _____

EMOTIONAL/PSYCHIATRIC HISTORY

Have you previously been involved in counseling, a treatment program, family or couple therapy or psychiatric treatment?

No Yes If yes, please explain below:

Has any family member previously been involved in counseling, a treatment program, family or couple therapy or psychiatric treatment?

No Yes If yes, please explain below: _____

Prior or current psychotropic medication usage? If yes:

No	Yes	Medication	Dosage	Frequency	Start date	End date	Physician	Side effects	Beneficial?
		_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____	_____
		_____	_____	_____	_____	_____	_____	_____	_____

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 leaving 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: _____

SUBSTANCE USE HISTORY (check all that apply for patient)

Family alcohol/drug abuse history:

- father
- mother
- grandparent(s)
- sibling(s)
- other _____
- stepparent/live-in
- uncle(s)/aunt(s)
- spouse/significant other
- children

Substances used:

(complete all that apply)

- 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 _____

Current Use

First use age Last use age (Yes/No) Frequency Amount

Substance used	First use age	Last use age (Yes/No)	Frequency	Amount
<input type="checkbox"/> alcohol	_____	_____	_____	_____
<input type="checkbox"/> amphetamines/speed	_____	_____	_____	_____
<input type="checkbox"/> barbiturates/owners	_____	_____	_____	_____
<input type="checkbox"/> caffeine	_____	_____	_____	_____
<input type="checkbox"/> cocaine	_____	_____	_____	_____
<input type="checkbox"/> crack cocaine	_____	_____	_____	_____
<input type="checkbox"/> hallucinogens (e.g., LSD)	_____	_____	_____	_____
<input type="checkbox"/> inhalants (e.g., glue, gas)	_____	_____	_____	_____
<input type="checkbox"/> marijuana or hashish	_____	_____	_____	_____
<input type="checkbox"/> nicotine/cigarettes	_____	_____	_____	_____
<input type="checkbox"/> PCP	_____	_____	_____	_____
<input type="checkbox"/> prescription _____	_____	_____	_____	_____
<input type="checkbox"/> other _____	_____	_____	_____	_____

Substance use status:

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

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 ____

Employment:

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

Military History

- no military service
- 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

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: _____

Financial situation:

no current financial problems large indebtedness impulsive spending relationship conflict over finances