

ADULT 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	[]	[]	[]	[]
constipation	[]	[]	[]	[]	paranoid ideation	[]	[]	[]	[]	dissociative states	[]	[]	[]	[]
fatigue/low energy	[]	[]	[]	[]	circumstantial symptoms	[]	[]	[]	[]	somatic complaints	[]	[]	[]	[]
slow mental/phy reaction	[]	[]	[]	[]	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	[]	[]	[]	[]	substance abuse	[]	[]	[]	[]
generalized anxiety	[]	[]	[]	[]	grief	[]	[]	[]	[]	physical trauma perpetrator	[]	[]	[]	[]
panic attacks	[]	[]	[]	[]	hopelessness	[]	[]	[]	[]	sexual trauma perpetrator	[]	[]	[]	[]
phobias	[]	[]	[]	[]	social isolation	[]	[]	[]	[]	homicidal thoughts	[]	[]	[]	[]
obsessions/compulsions	[]	[]	[]	[]	worthlessness	[]	[]	[]	[]	suicidal thoughts	[]	[]	[]	[]

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:

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

Name	Age	Education	Occupation	Name	Age	Residing With
Mother _____				Siblings _____		
Father _____				_____		

Parents' Current Marital Status:

- married to each other
- separated for ___ years
- divorced for ___ years
- mother deceased for _____ years
- father deceased for _____ years

Describe childhood family experience:

- outstanding home environment
- normal home environment
- chaotic home environment
- experienced/witnessed physical/verbal/sexual abuse from others (circle those that apply)

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):

List any abnormal lab test results:

Date _____ Result _____
Date _____ Result _____

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 _____

List any known allergies: _____

Describe any serious hospitalization or accidents:

Date _____ Age _____ Reason _____
Date _____ Age _____ Reason _____
Date: _____ Age _____ Reason _____

very shy associates with acting-out peers learning problems underachieving severe retardation
 alienates self other _____ 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

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

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 this treatment
- jail/prison _____ time(s)
- total time served: _____
- describe last legal difficulty: _____

Sexual history:

- heterosexual orientation currently sexually dissatisfied
- homosexual orientation age first sex experience _____
- bisexual orientation age first pregnancy/fatherhood _____
- currently sexually active history of promiscuity age ___ to ___
- currently sexually satisfied 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? 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) _____