

# 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?
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____	_____	_____

## MEDICAL HISTORY

Describe current physical health:  Good  Fair  Poor

List any medications or nutritional supplements currently being taken that you did not list above: \_\_\_\_\_

List any known allergies: \_\_\_\_\_

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

- |   |   |   |   |
|---|---|---|---|
| <input type="checkbox"/> tuberculosis       | <input type="checkbox"/> heart disease                                  | <input type="checkbox"/> birth defects        | <input type="checkbox"/> hypertension     |
| <input type="checkbox"/> emotional problems | <input type="checkbox"/> alcoholism                                     | <input type="checkbox"/> behavioral problems  | <input type="checkbox"/> thyroid problems |
| <input type="checkbox"/> diabetes           | <input type="checkbox"/> cancer   | <input type="checkbox"/> Alzheimer's dementia | <input type="checkbox"/> heart disease    |
| <input type="checkbox"/> stroke             | <input type="checkbox"/> other chronic or serious health problems _____ |   |   |

## FAMILY HISTORY

### FAMILY OF ORIGIN

Present during childhood:

Parents' current marital status:

Describe parents:

	Present	Present	Not			Father	Mother
	entire	part of	present	<input type="checkbox"/> married to each other		full name	_____
	childhood	childhood	at all	<input type="checkbox"/> separated for ___ years		occupation	_____
mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mother remarried ___ times		education	_____
father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> father remarried ___ times		general health	_____
stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mother involved with someone		<b>Describe childhood family experience:</b>	
stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> father involved with someone		<input type="checkbox"/> outstanding home environment	
brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mother deceased for ___ years		<input type="checkbox"/> normal home environment	
sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	age of patient at mother's death _____		<input type="checkbox"/> chaotic home environment	
other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> father deceased for ___ years		<input type="checkbox"/> witnessed physical/verbal/sexual abuse toward others	
_____				age of patient at father's death _____			

[ ] 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       stepparent/live-in
- mother       uncle(s)/aunt(s)
- grandparent(s)     spouse/significant other
- sibling(s)       children
- other \_\_\_\_\_

**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 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     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 \_\_\_

**Employment:**

**Military History**

**Cultural/spiritual/recreational history:**

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

- 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 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

**Biopsychosocial History reviewed with patient and/or family on:**

\_\_\_\_\_

**Date**

\_\_\_\_\_

**Provider Signature**