

# BIOPSYCHOSOCIAL HISTORY

## Counseling & Consulting



<b>PRESENTING PROBLEMS</b>	Name _____	DOB: _____	Age _____	Date: _____
<b>Presenting problems</b>	<b>Duration</b> (months)	<b>Additional information:</b>		
_____	_____	_____		
_____	_____	_____		
<b>Email</b>	<b>Education</b>	<b>Phone:</b> _____		
_____	_____	_____		

### 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	[ ]	[ ]	[ ]	[ ]
elimination disturbance	[ ]	[ ]	[ ]	[ ]	paranoid ideation	[ ]	[ ]	[ ]	[ ]	dissociative states	[ ]	[ ]	[ ]	[ ]
fatigue/low energy	[ ]	[ ]	[ ]	[ ]	circumstantial symptoms	[ ]	[ ]	[ ]	[ ]	somatic complaints	[ ]	[ ]	[ ]	[ ]
psychomotor retardation	[ ]	[ ]	[ ]	[ ]	loose associations	[ ]	[ ]	[ ]	[ ]	self-mutilation	[ ]	[ ]	[ ]	[ ]
poor concentration	[ ]	[ ]	[ ]	[ ]	delusions	[ ]	[ ]	[ ]	[ ]	significant weight gain/loss	[ ]	[ ]	[ ]	[ ]
poor grooming	[ ]	[ ]	[ ]	[ ]	hallucinations	[ ]	[ ]	[ ]	[ ]	concomitant medical condition	[ ]	[ ]	[ ]	[ ]
mood swings	[ ]	[ ]	[ ]	[ ]	aggressive behavior	[ ]	[ ]	[ ]	[ ]	emotional/trauma victim	[ ]	[ ]	[ ]	[ ]
agitation	[ ]	[ ]	[ ]	[ ]	conduct problems	[ ]	[ ]	[ ]	[ ]	physical trauma victim	[ ]	[ ]	[ ]	[ ]
emotionality	[ ]	[ ]	[ ]	[ ]	oppositional	[ ]	[ ]	[ ]	[ ]	sexual trauma victim	[ ]	[ ]	[ ]	[ ]
irritability	[ ]	[ ]	[ ]	[ ]	sexual dysfunction	[ ]	[ ]	[ ]	[ ]	emotional trauma perpetrator	[ ]	[ ]	[ ]	[ ]
generalized anxiety	[ ]	[ ]	[ ]	[ ]	grief	[ ]	[ ]	[ ]	[ ]	physical trauma perpetrator	[ ]	[ ]	[ ]	[ ]
panic attacks	[ ]	[ ]	[ ]	[ ]	hopelessness	[ ]	[ ]	[ ]	[ ]	sexual trauma perpetrator	[ ]	[ ]	[ ]	[ ]
phobias	[ ]	[ ]	[ ]	[ ]	social isolation	[ ]	[ ]	[ ]	[ ]	substance abuse	[ ]	[ ]	[ ]	[ ]
obsessions/compulsions	[ ]	[ ]	[ ]	[ ]	worthlessness	[ ]	[ ]	[ ]	[ ]	other _____	[ ]	[ ]	[ ]	[ ]

**EMOTIONAL/PSYCHIATRIC HISTORY**

**Prior outpatient psychotherapy?**

No Yes If yes, with \_\_\_\_\_ 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**

**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 emancipation from home:** \_\_\_\_\_ **Circumstances:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**IMMEDIATE FAMILY**

**Marital status:**

- single, never married
- engaged \_\_\_\_\_ how long
- 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 known allergies \_\_\_\_\_

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

**Describe any serious hospitalization or accidents for patient:**

Date \_\_\_\_\_ Age \_\_\_\_\_ Reason \_\_\_\_\_  
Date \_\_\_\_\_ Age \_\_\_\_\_ Reason \_\_\_\_\_  
Date: \_\_\_\_\_ Age \_\_\_\_\_ Reason \_\_\_\_\_

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

**Alcohol/drug abuse history:**

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

**Substance use status:**

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

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

Age of First use	Age of Last use	Current Use (Yes/No)	Amount	Frequency
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Treatment history:**

- outpatient (age[s] \_\_\_\_\_)
- inpatient (age[s] \_\_\_\_\_)
- 12-step program (age[s] \_\_\_\_\_)
- stopped on own (age[s] \_\_\_\_\_)

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

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

**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
- birth weight \_\_\_\_\_ lbs \_\_\_\_ oz.

**Infancy:**

- feeding problems
- sleep problems
- toilet training problems

**Childhood health:**

- chickenpox (age \_\_\_\_\_)
- German measles (age \_\_\_\_)
- red measles (age \_\_\_\_\_)
- rheumatic fever (age \_\_\_\_)
- whooping cough (age \_\_\_\_)
- scarlet fever (age \_\_\_\_\_)
- autism
- ear infections
- allergies to \_\_\_\_\_
- significant injuries \_\_\_\_\_
- chronic, serious health problems \_\_\_\_\_
- lead poisoning (age \_\_\_\_\_)
- mumps (age \_\_\_\_\_)
- diphtheria (age \_\_\_\_\_)
- poliomyelitis (age \_\_\_\_\_)
- pneumonia (age \_\_\_\_\_)
- tuberculosis (age \_\_\_\_\_)
- mental retardation
- asthma

**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
- severe retardation
- alienates self
- inappropriate sex play
- dominates others
- associates with acting-out peers
- other \_\_\_\_\_

**Intellectual / academic functioning** (check all that apply):

- normal intelligence
- high intelligence
- authority conflicts
- attention problems
- learning problems
- mild retardation
- moderate retardation
- underachieving

**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
- supportive network
- few friends
- substance-use-based friends
- no friends
- distant from family of origin

**Social support system:**

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

Additional information: \_\_\_\_\_

**Employment:**

- in school
- employed and satisfied
- employed but dissatisfied
- unemployed
- Coworker / Supervisor conflicts
- Disabled
- unstable work history

**Financial situation:**

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

**Military history:**

- never in military
  - served in military - no incident
  - served in military - **with** incident
- 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: \_\_\_\_\_

**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) \_\_\_\_\_

**To Be Completed by Provider:**

Diagnosis: \_\_\_\_\_

Current Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referred to: \_\_\_\_\_.

\_\_\_\_\_  
Selia Servín-Eischen, PsyD, LMFT-S

\_\_\_\_\_  
Date

\_\_\_\_\_  
Moses Losoya, MFT- Intern

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alexis Rodriguez, MFT- Associate

\_\_\_\_\_  
Date