

BIOPSYCHOSOCIAL HISTORY

Counseling & Consulting



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

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

compulsions

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,

No Yes who/why (list all): _____

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 stepparent/live-in
- mother uncle(s)/aunt(s)
- grandparent(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

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 _____

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

Debbie Salinas, MFT- Intern

Date