Name	aaaaaaaaaaaaaaaaaaa	""""""Date of Birth	aaaaaaa	""""""F cwg'aaaaaaaaaaaaaaaaaaa'""	""""Page 1

Biopsychosocial History

Current Symptom Checklist (Rate intensity of symptoms currently present)

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

<u>Symptom</u>		<u>l</u>	mpact		<u>Symptom</u>		<u>Ir</u>	npact	
	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
Aggressive Behaviors					Laxative/Diuretic Abuse				
Agitation					Loose Associations				
Anorexia					Mood Swings				
Appetite Disturbance					Obsessions/Compulsions				
Bingeing/Purging					Oppositional Behavior				
Circumstantial Symptoms					Panic Attacks				
Concomitant Medical Condition					Paranoid Ideation				
Conduct Problems					Phobias				
Delusions					Physical Trauma Perpetrator				
Depressed Mood					Physical Trauma Victim				
Dissociative States					Poor Concentration				
Elevated Mood					Poor Grooming				
Elimination Disturbance					Psychomotor Retardation				
Emotional Trauma Perpetrator					Self-Mutilation				
Emotional Trauma Victim					Sexual Dysfunction				
Emotionality					Sexual Trauma Perpetrator				
Fatigue/Low Energy					Sexual Trauma Victim				
Generalized Anxiety					Significant Weight Gain/Loss				
Grief					Sleep Disturbance				
Guilt					Social Isolation				
Hallucinations					Somatic Complaints				
Hopelessness					Substance Abuse				
Hyperactivity					Worthlessness				
Irritability					Other				

Name	aa	1aaaaaaaaaaaa	aaaaaaaaa			••••••	Page 2
Emoti	ional/Psyc	hiatric Hi	story				
	Prior outpatie	nt psychothera	ру?				
No Yes	If yes, ono	ccasions. Longest	treatment by		for ses	sions from/	to/
				Provider Name		Month/	Year Month/Year
Prior pro	vider name	<u>City</u>	State	<u>Diagnosis</u>	Interv	ention/Modality	Beneficial?
□ □ No Yes	Has any famil	_	outpatient	psychotherapy?			
□ □ No Yes Inpatient				ric, emotional, or Name of facility			
□ □ No Yes	Has any famil		inpatient tr	eatment for a ps	ychiatric, em	otional, or subs	tance use disorder?
□ □ No Yes			c medicatio	n usage? If yes:			
Medication	<u>on</u>	<u>Dosage</u>	Frequ	ency Start Da	ite End	Date F	Physician Physician
□□ No Yes	Has any famil	y member used	l psychotro	pic medications	? If yes, who/w	hat/why (list all):	

P.co	2222222222	1999999999	19999999999999	ภภภภภภภภภภภภภภภภภภภภภภภภภภภภภภภภ	aaa'""""""""			Rci o''5	
		iaaaaaaaaaa		aaaaaaaaaa	uaa			reng 3	
Family H									
Family of (Present dur	•	od							
riesent dui	Present entire childhood	Present part of childhood	Not Present at all						
mother									
father									
stepmother									
stepfather									
brother(s)									
sister(s) other									
Parents' curr ☐ married to		status		<u>De</u>		ldhood famil g home enviror	y experience nment		
□ separated	for years	5			normal hor	me environmer	nt		
☐ divorced fo	r years				chaotic ho	me environmer	nt		
□ mother rem	narried ti	mes							
☐ father rema	arried tin	nes			experience	ed physical/verl	bal/sexual abuse from others		
☐ mother inventor	olved with son	neone							
☐ father invol	ved with some	eone							
	ceased for	-							
		her's death	_						
father dece		₋ years er's death							
age of	patient at fath	ers deatr	_						
Immediate	Family								
Mci f`a arita □ single, nev □ engaged □ □ married for □ divorced for □ separated □ divorce in □ □ live-in for □	er married month years or years for years orocess		not currer	lationship en in a serious re ntly in relationshi in a serious relati			somewhat satisfied with relations dissatisfied with relationship	•	

prior marriages (self)
prior marriages (partner)

Рсо g'aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa			Rci g''6
List all persons currently living in patient's household Name	<u>Age</u> ——	<u>Sex</u>	Relationship to Patient
List biological / adopted children not living in same household as			
Name	<u>Age</u>	<u>Sex</u>	Relationship to Patient
Frequency of visitation of above: Describe any past or current significant issues in intimate relatio	nships _		
Describe any past or current significant issues in other immediat	e family re	elationship	os
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 non-psychiatric medications currently being taken (give	dosage ar	nd reason)	
List any known allergies			

PCO	g aaaaaaaaaaaaa	aaaaaaaaaaa	aaaaaaaaaaaaaaaa	ааааааааааааааааа	ıa			RCI g	, /
	ere a history o	of any of the	e following in th	e family heart disease					
			_		••				
	rth defects			high blood pressur	е				
	motional problen			alcoholism					
	ehavior problems syroid problems	5		drug abuse diabetes					
	ancer			Alzheimer's diseas	se/dementia				
	ental retardation	1		stroke	se/dementia				
	ther chronic or s		_						
Desc Year		ous hospita <u>Reason</u>	lization or accid	lents	List any abno Year Re	ormal lal esult	o test resul	lts	
Sul	bstance (Use His	story (check	all that apply f	or patient)				
Mcif	Zamily alcoho	ol/drug abu	se history						
☐ fa	ther		☐ stepparent/live-i	n					
☐ m			uncle(s)/aunt(s)						
_	randparent(s)		☐ spouse/significal	int other					
	bling(s)		children						
□ ot	her								
Moif	gubstance us	so status			Patient Treat	mont his	story		
	o history of abus				□ outpatient	mem m	(age[s])		
	ctive abuse	C			·				
	arly full remission	n			☐ Inpatient		(age[s])		
	arly partial remis				☐ 12-step pro	gram	(age[s])		
	ustained full rem				☐ stopped on	own	(age[s])		
□ sı	ustained partial r	emission			□ other		(age[s])		
Subs	stances ≐usec	Į	First use age	Last use age	Current Use	Frequ	enc <u>y</u>	<u>Amount</u>	
□ al	cohol								
□ ar	mphetamines/sp	eed							
☐ ba	arbiturates/owne	rs							
_	ocaine								
	ack cocaine								
	allucinogens (e.g								
	halants (e.g., glu								
	arijuana or hash	ish							
□ op	oioids								
□ P	СР								
☐ pr	rescription								
□ ot	her								

P co g'aaaaaaaaaaaaaaaaaaaaaa	ıaaaaaa	aaaaaaaaaaaaaaaaaaaaa	aaaaa'''''''		Rci g'8
Consequences of substan	ce ahu	20			
□ hangovers		edical conditions	□ euic	ide attempts	
☐ nangovers ☐ seizures	_	crease in tolerance		idal impulse/thoughts	
☐ blackouts	_	ss of control over amount use		tionship conflicts	
☐ Accidental overdose	□ job		□ arre		
□ binges	_ ,	eep disturbance			
☐ withdrawal symptoms	□ as:				
other					
Emotional / behavior prob	lems (c	check all that anniv).			
□ none	011101	onook un that appryy.			
☐ drug use	□ re	epeats words of others	distrustful		
☐ alcohol abuse	_ n	ot trustworthy	_ ☐ extreme wo	rrier	
☐ chronic lying	□ h	ostile/angry mood [☐ self-injuriou	s acts	
☐ stealing	□ in	ndecisive	☐ impulsive		
□ violent temper	☐ in	nmature [☐ easily distra	cted	
☐ fire-setting	☐ b	izarre behavior	☐ poor conce	ntration	
	☐ Se	elf-injurious threats	often sad		
☐ animal cruelty	☐ fr	equently tearful	□ breaks thing	gs in anger	
assaults others	□ la	ack of attachment	☐ disobedient		
dther					
Social interaction			<u>Intelle</u>	ctual / academic function	oning
normal social interaction	☐ ir	nappropriate sex play	☐ norr	nal intelligence	☐ underachieving
☐ isolates self	□ d	lominates others	☐ high	intelligence	
□ very shy	□ a	issociates with acting-out pee		ning problems	
☐ alienates self			☐ auth	ority conflicts	severe retardation
other	_		☐ atte	ntion problems	
			Curre	nt or highest education	level
Describe any other develo	pment	al problems or issues			
Socio-Economic	Hist	Ory Social support syster	n	Military	
			<u></u>		
☐ housing adequate		☐ supportive network		never in military	o incident
homeless		☐ few friends	frianda	☐ served in military - no ☐ served in military - w	
housing overcrowdeddependent on others for how	icina	☐ substance-use-based☐ no friends	menus	☐ Served in military - w	illi ilicident
☐ dependent on others for hor☐ housing dangerous/deterior	_	☐ distant from family of	origin		
☐ living companions dysfuncti	-	distant nonn family of	ongin		
, ,	Oriai				
Employment		Financial situation		<u>Legal history</u>	
employed and satisfied		no current financial p	roblems	☐ no legal problems	
employed but dissatisfied		large indebtedness			tion
☐ unemployed		☐ large macbleaness		now on parole/proba	
		poverty or below-pove	erty income	☐ now on parole/proba☐ arrest(s) not substan	
coworker conflicts		_ •	erty income		ce-related
□ coworker conflicts		□ poverty or below-pove □ impulsive spending		☐ arrest(s) not substance-	related
☐ coworker conflicts ☐ supervisor conflicts		poverty or below-pove		☐ arrest(s) not substan ☐ arrest(s) substance- ☐ court ordered this tre	related related eatment
□ coworker conflicts□ supervisor conflicts□ unstable work history		□ poverty or below-pove □ impulsive spending		☐ arrest(s) not substan ☐ arrest(s) substance- ☐ court ordered this tre ☐ jail/prison time	related related eatment e(s)
☐ coworker conflicts ☐ supervisor conflicts		□ poverty or below-pove □ impulsive spending		☐ arrest(s) not substan ☐ arrest(s) substance- ☐ court ordered this tre	related related eatment e(s)
□ coworker conflicts□ supervisor conflicts□ unstable work history		□ poverty or below-pove □ impulsive spending		☐ arrest(s) not substan ☐ arrest(s) substance- ☐ court ordered this tre ☐ jail/prison time	related related eatment e(s)