

# Davis Psychological Services Consulting, PLLC

## BIOPSYCHOSOCIAL HISTORY

Patient name \_\_\_\_\_

Date \_\_\_\_\_

### 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	[ ]	[ ]	[ ]	[ ]
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 behaviors	[ ]	[ ]	[ ]	[ ]	emotional trauma victim	[ ]	[ ]	[ ]	[ ]
agitation	[ ]	[ ]	[ ]	[ ]	conduct problems	[ ]	[ ]	[ ]	[ ]	physical trauma victim	[ ]	[ ]	[ ]	[ ]
emotionality	[ ]	[ ]	[ ]	[ ]	oppositional behavior	[ ]	[ ]	[ ]	[ ]	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 (specify) _____	[ ]	[ ]	[ ]	[ ]

### 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

# Davis Psychological Services Consulting, PLLC

## BIOPSYCHOSOCIAL HISTORY

### FAMILY OF ORIGIN

#### Present during childhood:

	Present entire childhood	Present part of childhood	Not present at all
mother	[ ]	[ ]	[ ]
father	[ ]	[ ]	[ ]
stepmother	[ ]	[ ]	[ ]
stepfather	[ ]	[ ]	[ ]
brother(s)	[ ]	[ ]	[ ]
sister(s)	[ ]	[ ]	[ ]
other (specify)	[ ]	[ ]	[ ]

#### 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:

<b>Father</b>		<b>Mother</b>
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: \_\_\_\_\_

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):

\_\_\_\_\_  
\_\_\_\_\_

Describe any serious hospitalization or accidents: \_\_\_\_\_

#### 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: \_\_\_\_\_

# Davis Psychological Services Consulting, PLLC

## BIOPSYCHOSOCIAL HISTORY

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

**List any abnormal lab test results:**

Date \_\_\_\_\_ Result \_\_\_\_\_  
 Date \_\_\_\_\_ Result \_\_\_\_\_

**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
- gambling

**Treatment history:**

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

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

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

**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

# Davis Psychological Services Consulting, PLLC

## BIOPSYCHOSOCIAL HISTORY

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

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

- normal intelligence
  - high intelligence
  - learning problems
  - authority conflicts
  - attention problems
  - underachieving
  - mild retardation
  - moderate retardation
  - severe retardation
- 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 \_\_ to \_\_\_\_
- Additional information: \_\_\_\_\_

### Employment:

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

### Military history:

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

### Cultural/spiritual/recreational history:

cultural identity (e.g., ethnicity, religion): \_\_\_\_\_

describe any cultural issues that contribute to current problem: \_\_\_\_\_

### Financial situation:

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

### 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: \_\_\_\_\_

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: \_\_\_\_\_

# Davis Psychological Services Consulting, PLLC

## BIOPSYCHOSOCIAL HISTORY

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