**BIOPSYCHOSOCIAL HISTORY INTAKE FORM**

**PRESENTING PROBLEMS**

<table>
<thead>
<tr>
<th>Presenting problems</th>
<th>Duration (months)</th>
<th>Additional information:</th>
</tr>
</thead>
<tbody>
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**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

<table>
<thead>
<tr>
<th>Symptom</th>
<th>None</th>
<th>Mild</th>
<th>Moderate</th>
<th>Severe</th>
</tr>
</thead>
<tbody>
<tr>
<td>depressed mood</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>appetite disturbance</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>sleep disturbance</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>elimination disturbance</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>fatigue/low energy</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
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<tr>
<td>psychomotor retardation</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>poor concentration</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
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<tr>
<td>poor grooming</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>mood swings</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
<tr>
<td>agitation</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>emotionality</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>irritability</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>generalized anxiety</td>
<td>[ ]</td>
<td>[ ]</td>
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<td>[ ]</td>
</tr>
<tr>
<td>panic attacks</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>phobias</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>obsession/compulsions</td>
<td>[ ]</td>
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</tbody>
</table>

**EMOTIONAL/PSYCHIATRIC HISTORY**

**Prior outpatient psychotherapy?**

- **No**
- **Yes**

If yes, on ______ occasions. Longest treatment by ______ for ______ sessions from ______/______ to ______/______

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Month/Year</th>
<th>Month/Year</th>
</tr>
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<tbody>
<tr>
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</table>

**Prior inpatient treatment for a psychiatric, emotional, or substance use disorder?**

- **No**
- **Yes**

If yes, on ______ occasions. Longest treatment at ______ from ______/______ to ______/______

<table>
<thead>
<tr>
<th>Name of facility</th>
<th>Month/Year</th>
<th>Month/Year</th>
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<tbody>
<tr>
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</tbody>
</table>
Has any family member had inpatient treatment for a psychiatric, emotional, or substance use disorder? If yes, who/why (list all):

Prior or current psychotropic medication usage? If yes:

Has any family member used psychotropic medications? If yes, who/what/why (list all):

FAMILY HISTORY
FAMILY OF ORIGIN

Present during childhood:

Parents' current marital status:

Describe parents:

Describe childhood family experience:

Age of emancipation from home: Circumstances:

Special circumstances in childhood:

IMMEDIATE FAMILY

Marital status:

Intimate relationship:

Relationship satisfaction:

List all persons currently living in patient's household:

List children not living in same household as patient:

Frequency of visitation of above:
Patient name ___________________________ Patient ID# ___________ Patient SS# ___________ Date ___________

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 ___________________________

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________________________________________

Substance use status:
[ ] no history of abuse
[ ] active abuse
[ ] early full remission
[ ] early partial remission
[ ] sustained full remission
[ ] sustained partial remission

First use age  Last use age  Current Use (Yes/No)  Frequency  Amount

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:
Date ___________ Age _______ Reason ___________________________
Date ___________ Age _______ Reason ___________________________
Date: ___________ Age _______ Reason ___________________________

Describe any past or current significant issues in intimate relationships:
________________________________________________________________________________________________________

________________________________________________________________________________________________________
Patient name ___________________ Patient ID# ___________ Patient SS# __________________ Date ________

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

DEVELOPMENTAL HISTORY (check all that apply for a child/adolescent patient)

<table>
<thead>
<tr>
<th>Problems during</th>
<th>Birth:</th>
<th>Childhood health:</th>
</tr>
</thead>
<tbody>
<tr>
<td>mother's pregnancy:</td>
<td>[ ] normal delivery</td>
<td>[ ] chickenpox (age ________)</td>
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<tr>
<td></td>
<td>[ ] difficult delivery</td>
<td>[ ] German measles (age ________)</td>
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<td></td>
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<td>[ ] red measles (age ________)</td>
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<td></td>
<td></td>
<td>[ ] complications</td>
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<tr>
<td></td>
<td>alcohol use</td>
<td>[ ] feeding problems</td>
</tr>
<tr>
<td></td>
<td>drug use</td>
<td>[ ] toilet training problems</td>
</tr>
<tr>
<td></td>
<td>cigarette use</td>
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<tr>
<td></td>
<td>other</td>
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</tbody>
</table>

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 ____________

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
- [ ] often sad
- [ ] frequently tearful
- [ ] breaks things
- [ ] distrustful
- [ ] extreme worrier
- [ ] self-injurious acts
- [ ] impulsive
- [ ] easily distracted
- [ ] poor concentration
- [ ] 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
- [ ] current intelligence
- [ ] authority conflicts
- [ ] attention problems
- [ ] underachieving
- [ ] moderate retardation
- [ ] severe retardation
- [ ] mild retardation
- [ ] currently sexually dissatisfied
- [ ] age first sex experience ________

Describe any other developmental problems or issues: _____________________________

SOCIO-ECONOMIC HISTORY (check all that apply for patient)

<table>
<thead>
<tr>
<th>Living situation:</th>
<th>Social support system:</th>
<th>Sexual history:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] housing adequate</td>
<td>[ ] supportive network</td>
<td>[ ] heterosexual orientation</td>
</tr>
<tr>
<td>[ ] homeless</td>
<td>[ ] few friends</td>
<td>[ ] homosexual orientation</td>
</tr>
<tr>
<td></td>
<td></td>
<td>[ ] age first sex experience ________</td>
</tr>
</tbody>
</table>
Patient name ___________________________ Patient ID# __________ Patient SS# __________ Date ________

- housing overcrowded
- dependent on others for housing
- housing dangerous/deteriorating
- living companions dysfunctional
- substance-use-based friends
- no friends
- distant from family of origin
- bisexual orientation
- age first pregnancy/fatherhood __
- currently sexually active
- history of promiscuity age ___ to ___
- currently sexually satisfied
- history of unsafe sex age ___ to ___

Additional information: ________________________

**Military history:**

**Employment:**
- employed and satisfied
- employed but dissatisfied
- unemployed
- coworker conflicts
- supervisor conflicts
- unstable work history
- disabled: ________________________

**Legal history:**
- never in military
- served in military - no incident
- served in military - with incident
- no legal problems
- now on parole/probation
- arrest(s) not substance-related
- arrest(s) substance-related
- court ordered this treatment
- jail/prison ________ time(s)
- 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: ________________________
- total time served: __________
- describe last legal difficulty: ________

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

**Cultural/spiritual/recreational history:**
- cultural identity (e.g., ethnicity, religion): ________________________
- describe any cultural issues that contribute to current problem: ________________________

**Presenting Problems/Symptoms**

**Family History**

**Developmental History**

**Emotional/Psychiatric History**

**Medical/Substance Use History**

**Socioeconomic History**

**Sources of Data Provided Above:**
- Patient self-report for all [ ] A variety of sources (if so, check appropriate sources below):