

Patient name _____ Patient ID# _____ Patient SS# _____ Date _____

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	Present	Not	Parents' current marital status:	Describe parents:	
	entire	part of	present			
childhood	childhood	at all		<input type="checkbox"/> married to each other	Father	Mother
mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> separated for ___ years	full name _____	_____
father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> divorced for ___ years	occupation _____	_____
stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mother remarried ___ times	education _____	_____
stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> father remarried ___ times	general health _____	_____
brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mother involved with someone	Describe childhood family experience:	
sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> father involved with someone	<input type="checkbox"/> outstanding home environment	
other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mother deceased for ___ years age of patient at mother's death _____	<input type="checkbox"/> normal home environment	
				<input type="checkbox"/> father deceased for ___ years age of patient at father's death _____	<input type="checkbox"/> chaotic home environment	
					<input type="checkbox"/> witnessed physical/verbal/sexual abuse toward others	
					<input type="checkbox"/> 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: _____

600 W Street NE
 Washington, DC, 20002
 Tel#: 301.613.2750

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 _____

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:

Date _____ Age _____ Reason _____
 Date _____ Age _____ Reason _____
 Date: _____ Age _____ Reason _____

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

600 W Street NE
 Washington, DC, 20002
 Tel#: 301.613.2750

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

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
- 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

Social support system:

- supportive network
- few friends

Sexual history:

- heterosexual orientation
- homosexual orientation
- currently sexually dissatisfied
- age first sex experience _____

600 W Street NE
 Washington, DC, 20002
 Tel#: 301.613.2750

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
 - currently sexually active
 - currently sexually satisfied
 - age first pregnancy/fatherhood ____
 - history of promiscuity age ____ to ____
 - 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: _____
 - never in military
 - served in military - no incident
 - served in military - **with** incident _____

- 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: _____

- 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):

<p>Presenting Problems/Symptoms</p> <ul style="list-style-type: none"> <input type="checkbox"/> patient self-report <input type="checkbox"/> patient's parent/guardian <input type="checkbox"/> other (specify) _____ 	<p>Family History</p> <ul style="list-style-type: none"> <input type="checkbox"/> patient self-report <input type="checkbox"/> patient's parent/guardian <input type="checkbox"/> other (specify) _____ 	<p>Developmental History</p> <ul style="list-style-type: none"> <input type="checkbox"/> patient self-report <input type="checkbox"/> patient's parent/guardian <input type="checkbox"/> other (specify) _____
<p>Emotional/Psychiatric History</p> <ul style="list-style-type: none"> <input type="checkbox"/> patient self-report <input type="checkbox"/> patient's parent/guardian <input type="checkbox"/> other (specify) _____ 	<p>Medical/Substance Use History</p> <ul style="list-style-type: none"> <input type="checkbox"/> patient self-report <input type="checkbox"/> patient's parent/guardian <input type="checkbox"/> other (specify) _____ 	<p>Socioeconomic History</p> <ul style="list-style-type: none"> <input type="checkbox"/> patient self-report <input type="checkbox"/> patient's parent/guardian <input type="checkbox"/> other (specify) _____