

Serenity Counseling Services

"Finding a Balance Along Your Journey in Life"



BIOPSYCHOSOCIAL HISTORY

Please complete as much information as possible. If you are uncertain of the question or what to answer, you may leave it blank. We will go over this form during your first session.

Presenting Problems (What brought you to your session today?)

Family History (Tell us about your family of origin)

<u>Present During Childhood?</u>				<u>Describe Parents</u>		
	Present Entire Childhood	Present Part of Childhood	Not Present at All		<u>Father</u>	<u>Mother</u>
Mother						
Father				Full name		
Stepmother				Occupation		
Stepfather				Education		
Brother (s)				General Health		
Sister (s)				Deceased		
Other					<u>Step-Father</u>	<u>Step-Mother</u>
				Full Name		
				Occupation		
				Education		
				General Health		
				Deceased		

Parents' current marital status

	Married to each other		Separated (How many years?) _____
	Divorced (How many years?) _____		Mother Remarried? # of Times? _____
	Father Remarried? # of Times? _____		Mother involved with Someone?
	Father involved with Someone?		

Immediate Family (Tell us about your current 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 your household

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Relationship to Patient</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List biological / adopted children not living in same household as patient

<u>Name</u>	<u>Age</u>	<u>Sex</u>	<u>Relationship to Patient</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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)

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 known allergies

Prior/Current Medication Usage

<u>Medication</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Start Date</u>	<u>End Date</u>	<u>Physician</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Is there a history of any of the following in the family

- | | |
|---|---|
| <input type="checkbox"/> tuberculosis | <input type="checkbox"/> heart disease |
| <input type="checkbox"/> birth defects | <input type="checkbox"/> high blood pressure |
| <input type="checkbox"/> emotional problems | <input type="checkbox"/> alcoholism |
| <input type="checkbox"/> behavior problems | <input type="checkbox"/> drug abuse |
| <input type="checkbox"/> thyroid problems | <input type="checkbox"/> diabetes |
| <input type="checkbox"/> cancer | <input type="checkbox"/> Alzheimer's disease/dementia |
| <input type="checkbox"/> mental retardation | <input type="checkbox"/> stroke |
| <input type="checkbox"/> other chronic or serious health problems _____ | |

Describe any serious hospitalization or accidents

<u>Year</u>	<u>Age</u>	<u>Reason</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any abnormal lab test results

<u>Year</u>	<u>Result</u>
_____	_____
_____	_____
_____	_____

Substance Use History (check all that apply for patient)

Family alcohol/drug abuse history

- | | |
|---|---|
| <input type="checkbox"/> father | <input type="checkbox"/> stepparent/live-in |
| <input type="checkbox"/> mother | <input type="checkbox"/> uncle(s)/aunt(s) |
| <input type="checkbox"/> grandparent(s) | <input type="checkbox"/> spouse/significant other |
| <input type="checkbox"/> sibling(s) | <input type="checkbox"/> children |
| <input type="checkbox"/> other _____ | |

Substance use status

- no history of abuse
- active abuse
- early full remission
- early partial remission
- sustained full remission
- sustained partial remission

Patient Treatment history

- outpatient (age[s]) _____
- Inpatient (age[s]) _____
- 12-step program (age[s]) _____
- stopped on own (age[s]) _____
- other (age[s]) _____

Substances used

<u>Substances used</u>	<u>First use age</u>	<u>Last use age</u>	<u>Current Use</u>	<u>Frequency</u>	<u>Amount</u>
<input type="checkbox"/> alcohol	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> amphetamines/speed	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> barbiturates/owners	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> cocaine	_____	_____	<input type="checkbox"/>	_____	_____
<input type="checkbox"/> crack cocaine	_____	_____	<input type="checkbox"/>	_____	_____

- | | | | | | |
|--|-------|-------|--------------------------|-------|-------|
| <input type="checkbox"/> hallucinogens (e.g., LSD) | _____ | _____ | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> inhalants (e.g., glue, gas) | _____ | _____ | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> marijuana or hashish | _____ | _____ | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> opioids | _____ | _____ | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> PCP | _____ | _____ | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> prescription | _____ | _____ | <input type="checkbox"/> | _____ | _____ |
| <input type="checkbox"/> other | _____ | _____ | <input type="checkbox"/> | _____ | _____ |

Consequences of substance abuse

- | | | |
|--|---|--|
| <input type="checkbox"/> hangovers | <input type="checkbox"/> medical conditions | <input type="checkbox"/> suicide attempts |
| <input type="checkbox"/> seizures | <input type="checkbox"/> Increase in tolerance | <input type="checkbox"/> suicidal impulse/thoughts |
| <input type="checkbox"/> blackouts | <input type="checkbox"/> loss of control over amount used | <input type="checkbox"/> relationship conflicts |
| <input type="checkbox"/> Accidental overdose | <input type="checkbox"/> job loss | <input type="checkbox"/> arrests |
| <input type="checkbox"/> binges | <input type="checkbox"/> sleep disturbance | |
| <input type="checkbox"/> withdrawal symptoms | <input type="checkbox"/> assaults | |
| <input type="checkbox"/> other _____ | | |

Developmental History (check all that apply for 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 Problems

- none
- feeding problems
- sleep problems
- toilet training problems

Childhood health

- | | |
|---|--|
| <input type="checkbox"/> chickenpox (age) _____ | <input type="checkbox"/> lead poisoning (age) _____ |
| <input type="checkbox"/> German measles (age) _____ | <input type="checkbox"/> mumps (age) _____ |
| <input type="checkbox"/> red measles (age) _____ | <input type="checkbox"/> diphtheria (age) _____ |
| <input type="checkbox"/> rheumatic fever (age) _____ | <input type="checkbox"/> poliomyelitis (age) _____ |
| <input type="checkbox"/> whooping cough (age) _____ | <input type="checkbox"/> pneumonia (age) _____ |
| <input type="checkbox"/> scarlet fever (age) _____ | <input type="checkbox"/> tuberculosis (age) _____ |
| <input type="checkbox"/> autism | <input type="checkbox"/> mental retardation |
| <input type="checkbox"/> ear infections | <input type="checkbox"/> asthma |
- allergies to _____
- significant injuries _____
- chronic, serious health problems _____

Delayed developmental milestones (check only those milestones that did not occur at expected age):

- | | |
|---------------------------------------|---|
| <input type="checkbox"/> sitting | <input type="checkbox"/> controlling bowels |
| <input type="checkbox"/> rolling over | <input type="checkbox"/> sleeping alone |

- standing
- walking
- feeding self
- speaking words
- speaking sentences
- controlling bladder
- other _____
- dressing self
- engaging peers
- tolerating separation
- playing cooperatively
- riding tricycle
- riding bicycle

Emotional / behavior problems (check all that apply):

- none
- drug use
- alcohol abuse
- chronic lying
- stealing
- violent temper
- fire-setting
- hyperactive
- animal cruelty
- assaults others
- disobedient
- other _____
- repeats words of others
- not trustworthy
- hostile/angry mood
- indecisive
- immature
- bizarre behavior
- self-injurious threats
- frequently tearful
- lack of attachment
- distrustful
- extreme worrier
- self-injurious acts
- impulsive
- easily distracted
- poor concentration
- often sad
- breaks things in anger

Social interaction

- normal social interaction
- isolates self
- very shy
- alienates self
- other _____
- inappropriate sex play
- dominates others
- associates with acting-out peers

Intellectual / academic functioning

- normal intelligence
- high intelligence
- learning problems
- authority conflicts
- attention problems
- underachieving
- mild retardation
- moderate retardation
- severe retardation

Current or highest education level _____

Socio-Economic History

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

Military

- never in military
- served in military - no incident
- served in military - with incident

Employment

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

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

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

Cultural/spiritual/recreational history

cultural identity (e.g., ethnicity, religion)

Describe any cultural issues that contribute to current problem and/or should be taken into account during treatment planning

- currently active in community/recreational activities?
- formerly active in community/recreational activities?
- currently engage in hobbies?
- currently participate in spiritual activities?

If answered "yes" to any of above, describe

Sources of Data Provided Above

- Patient self-report for all
- A variety of sources

Presenting Problems/Symptoms

- patient self-report
- patient's parent/guardian
- other _____

Family History

- patient self-report
- patient's parent/guardian
- other _____

Developmental History

- patient self-report
- patient's parent/guardian
- other _____

Emotional/Psychiatric History

- patient self-report
- patient's parent/guardian
- other _____

Medical/Substance Use History

- patient self-report
- patient's parent/guardian
- other _____

Socioeconomic History

- patient self-report
- patient's parent/guardian
- other _____

Thank you so much for providing this information. We realize that this was not easy; we promise to act with integrity and to guard your health, well-being, and information. We look forward to getting to know you.

**L. Janeen Gill, MS LIMHP LMHP LPC
Serenity Counseling Services**