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### BIOPSYCHOSOCIAL HISTORY

#### 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 \_\_\_\_\_

Client Name: \_\_\_\_\_

**FAMILY 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):**

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

**List any known allergies:** \_\_\_\_\_

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

**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 \_\_\_\_\_

Client Name: \_\_\_\_\_

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

(Yes/No) Frequency Amount

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

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.

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

Infancy:

- feeding problems
- sleep problems
- toilet training problems

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

- sitting  controlling bowels
- rolling over  sleeping alone
- standing  dressing self
- walking  engaging peers
- feeding self  tolerating separation
- speaking words  playing cooperatively
- speaking sentences  riding tricycle
- controlling bladder  riding bicycle
- other \_\_\_\_\_

Emotional / behavior problems (check all that apply):

- drug use  repeats words of others  distrustful
- alcohol abuse  not trustworthy  extreme worrier
- chronic lying  hostile/angry mood  self-injurious acts
- stealing  indecisive  impulsive
- violent temper  immature  easily distracted
- fire-setting  bizarre behavior  poor concentration
- hyperactive  self-injurious threats  often sad
- animal cruelty  frequently tearful  breaks things
- assaults others  frequently daydreams  other \_\_\_\_\_
- disobedient  lack of attachment \_\_\_\_\_

Client Name: \_\_\_\_\_

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

- |  |   |  |  |   |
|--|---|--|--|---|
| <input type="checkbox"/> normal social interaction | <input type="checkbox"/> inappropriate sex play           | <input type="checkbox"/> normal intelligence | <input type="checkbox"/> authority conflicts | <input type="checkbox"/> mild retardation     |
| <input type="checkbox"/> isolates self             | <input type="checkbox"/> dominates others                 | <input type="checkbox"/> high intelligence   | <input type="checkbox"/> attention problems  | <input type="checkbox"/> moderate retardation |
| <input type="checkbox"/> very shy                  | <input type="checkbox"/> associates with acting-out peers | <input type="checkbox"/> learning problems   | <input type="checkbox"/> underachieving      | <input type="checkbox"/> severe retardation   |
| <input type="checkbox"/> alienates self            | <input type="checkbox"/> other _____                      | 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       currently sexually dissatisfied
  - homosexual orientation       age first sex experience \_\_\_\_\_
  - 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:**

- 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: \_\_\_\_\_

**Employment:**

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

**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: \_\_\_\_\_

**Financial situation:**

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

<b>SOURCES OF DATA PROVIDED ABOVE:</b> <input type="checkbox"/> Patient self-report for all <input type="checkbox"/> A variety of sources (if so, check appropriate sources below):		
<b>Presenting Problems/Symptoms</b>	<b>Family History</b>	<b>Developmental History</b>
<input type="checkbox"/> patient self-report	<input type="checkbox"/> patient self-report	<input type="checkbox"/> patient self-report
<input type="checkbox"/> patient's parent/guardian	<input type="checkbox"/> patient's parent/guardian	<input type="checkbox"/> patient's parent/guardian
<input type="checkbox"/> other (specify) _____	<input type="checkbox"/> other (specify) _____	<input type="checkbox"/> other (specify) _____
<b>Emotional/Psychiatric History</b>	<b>Medical/Substance Use History</b>	<b>Socioeconomic History</b>
<input type="checkbox"/> patient self-report	<input type="checkbox"/> patient self-report	<input type="checkbox"/> patient self-report
<input type="checkbox"/> patient's parent/guardian	<input type="checkbox"/> patient's parent/guardian	<input type="checkbox"/> patient's parent/guardian
<input type="checkbox"/> other (specify) _____	<input type="checkbox"/> other (specify) _____	<input type="checkbox"/> other (specify) _____