



**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 entire childhood	Present part of childhood	Not present at all
mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

**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	_____

List any medications currently being taken (give dosage & reason):  
 \_\_\_\_\_  
 \_\_\_\_\_

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

List any abnormal lab test results:

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

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
- mother
- grandparent(s)
- sibling(s)
- other \_\_\_\_\_
- stepparent/live-in
- uncle(s)/aunt(s)
- spouse/significant other
- children

**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

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

- outpatient (age[s] \_\_\_\_\_)
- inpatient (age[s] \_\_\_\_\_)
- 12-step program (age[s] \_\_\_\_\_)
- stopped on own (age[s] \_\_\_\_\_)
- other (age[s] \_\_\_\_\_) describe: \_\_\_\_\_
- hangovers
- seizures
- blackouts
- overdose
- other \_\_\_\_\_
- withdrawal symptoms
- medical conditions
- tolerance changes
- loss of control amount used
- 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
- controlling bowels
- sleeping alone
- dressing self
- engaging peers

**Emotional / behavior problems** (check all that apply):

- drug use
- alcohol abuse
- chronic lying
- stealing
- violent temper
- repeats words of others
- not trustworthy
- hostile/angry mood
- indecisive
- immature
- distrustful
- extreme worrier
- self-injurious acts
- impulsive
- easily distracted

- |  |  |   |   |   |
|--|--|---|---|---|
| <input type="checkbox"/> feeding self        | <input type="checkbox"/> tolerating separation | <input type="checkbox"/> fire-setting       | <input type="checkbox"/> bizarre behavior       | <input type="checkbox"/> poor concentration |
| <input type="checkbox"/> speaking words      | <input type="checkbox"/> playing cooperatively | <input type="checkbox"/> hyperactive        | <input type="checkbox"/> self-injurious threats | <input type="checkbox"/> often sad          |
| <input type="checkbox"/> speaking sentences  | <input type="checkbox"/> riding tricycle       | <input type="checkbox"/> animal cruelty     | <input type="checkbox"/> frequently tearful     | <input type="checkbox"/> breaks things      |
| <input type="checkbox"/> controlling bladder | <input type="checkbox"/> riding bicycle        | <input type="checkbox"/> assaults others    | <input type="checkbox"/> frequently daydreams   | <input type="checkbox"/> other _____        |
| <input type="checkbox"/> other _____         | <input type="checkbox"/> disobedient           | <input type="checkbox"/> lack of attachment |   |   |

**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 or highest education level \_\_\_\_\_
- authority conflicts  
 attention problems  
 underachieving
- mild retardation  
 moderate retardation  
 severe retardation

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

**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: \_\_\_\_\_  
 Are you currently active in community/recreational activities? Yes  No   
 Were you formerly active in community/recreational activities? Yes  No   
 Do you currently engage in hobbies? Yes  No   
 Do you currently participate in spiritual activities? Yes  No   
 if answered "yes" to any of above, describe: \_\_\_\_\_

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

**Financial situation:**

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

**PLEASE USE BACK TO THOROUGHLY REPORT INFORMATION**

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