Client name ___________________________ Client ID# ____________ Client SS# ____________________ Date __________ Page __

BIOPSYCHOSOCIAL HISTORY for KoKoRo Counseling

(Fax completed form to 713.422.2428 & notify office. Fax must be received to reserve your first appointment)

Presenting problems	**Duration** (months)	**Additional information**:
______________________________	______________________	______________________________________
______________________________	______________________	______________________________________

My Goal(s) for Therapy:____

____

CURRENT SYMPTOM CHECKLIST (Rate intensity of symptoms I'm <u>currently</u> experiencing)

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	[ ]	[ ]	[ ]	[ ]	ethical/spiritual dilema	[ ]	[ ]	[ ]	[ ]
sleep disturbance	[ ]	[ ]	[ ]	[ ]	anorexia	[ ]	[ ]	[ ]	[ ]	hyperactivity	[ ]	[ ]	[ ]	[ ]
elimination disturbance	[ ]	[ ]	[ ]	[ ]	paranoid thoughts	[ ]	[ ]	[ ]	[ ]	disassociative states	[ ]	[ ]	[ ]	[ ]
fatigue/low energy	[ ]	[ ]	[ ]	[ ]	disorganized thoughts	[ ]	[ ]	[ ]	[ ]	excessive physical complaints	[ ]	[ ]	[ ]	[ ]
memory loss	[ ]	[ ]	[ ]	[ ]	suicidal thoughts	[ ]	[ ]	[ ]	[ ]	self-mutilation/cutting	[ ]	[ ]	[ ]	[ ]
poor concentration	[ ]	[ ]	[ ]	[ ]	delusions	[ ]	[ ]	[ ]	[ ]	significant weight gain/loss	[ ]	[ ]	[ ]	[ ]
difficulty focusing	[ ]	[ ]	[ ]	[ ]	hallucinations	[ ]	[ ]	[ ]	[ ]	illness/health/ medical concerns	[ ]	[ ]	[ ]	[ ]
mood swings	[ ]	[ ]	[ ]	[ ]	aggressive behaviors	[ ]	[ ]	[ ]	[ ]	emotional trauma victim	[ ]	[ ]	[ ]	[ ]
agitation	[ ]	[ ]	[ ]	[ ]	anger, arguing	[ ]	[ ]	[ ]	[ ]	physical trauma victim	[ ]	[ ]	[ ]	[ ]
emotionality	[ ]	[ ]	[ ]	[ ]	defiant behavior	[ ]	[ ]	[ ]	[ ]	sexual trauma victim	[ ]	[ ]	[ ]	[ ]
irritability	[ ]	[ ]	[ ]	[ ]	sexual dysfunction	[ ]	[ ]	[ ]	[ ]	low self-esteem	[ ]	[ ]	[ ]	[ ]
generalized anxiety	[ ]	[ ]	[ ]	[ ]	grief, losses	[ ]	[ ]	[ ]	[ ]	headaches	[ ]	[ ]	[ ]	[ ]
panic attacks	[ ]	[ ]	[ ]	[ ]	hopelessness	[ ]	[ ]	[ ]	[ ]	addictive behaviors	[ ]	[ ]	[ ]	[ ]
phobias	[ ]	[ ]	[ ]	[ ]	social isolation	[ ]	[ ]	[ ]	[ ]	substance abuse	[ ]	[ ]	[ ]	[ ]
obsessions/compulsions	[ ]	[ ]	[ ]	[ ]	worthlessness	[ ]	[ ]	[ ]	[ ]	other (specify) ____________	[ ]	[ ]	[ ]	[ ]

Please circle any of the above symptoms you've experienced previously, which you've either received treatment for or are currently managing successfully. Additional Comments:____

____

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 your family of origin:

[ ] 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 ____________________

List any abnormal lab test results:
Date ____________ Result _____________________Date ___________ Result ___________________________________

OTHER INFORMATION:

What I like most about myself:____

____

I consider my personal strengths as follows:____

____

Effective coping strategies I use include:____

____

BIOPSYCHOSOCIAL HISTORY for KoKoRo Counseling

EMOTIONAL/PSYCHIATRIC HISTORY

[ ] No [ ] Yes **Prior outpatient psychotherapy or inpatient treatment for a psychiatric, emotional or substance use disorder?**
If yes, on _______occasions. Longest treatment by ______________ (Provider/Facility Name) for _____ sessions from ____/_______ (Month/Year) to _____/_______ (Month/Year)

Prior provider name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?

[ ] No [ ] Yes **Has any family member had outpatient or 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:

Medication	Dosage	Frequency	Start date	End date	Physician	Side effects	Beneficial?

[ ] No [ ] Yes **Has any family member used psychotropic medications?** If yes, who/what/why (list all):______________________________
____

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:

	Father	**Mother**
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 client:

Name	Age	Sex	Relationship to 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: ______________________________
____
____
____

Client name _________________________ Client ID# ____________ Client SS# ___________________ Date _________ Page __

BIOPSYCHOSOCIAL HISTORY for KoKoRo Counseling

ADDICTIONS (SUBSTANCES/BEHAVIORS) 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

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:_____________________

Substances/Behavior Use:

(complete all that apply)	First use age	Last use age	Current Use (Yes/No)	Frequency	Amount
[ ] alcohol	________	_________	______	_______	______
[ ] amphetamines/speed	________	_________	______	_______	______
[ ] barbiturates/downers	________	_________	______	_______	______
[ ] caffeine	________	_________	______	_______	______
[ ] cocaine	________	_________	______	_______	______
[ ] crack cocaine	________	_________	______	_______	______
[ ] hallucinogens (e.g., LSD)	________	_________	______	_______	______
[ ] inhalants (e.g., glue, gas)	________	_________	______	_______	______
[ ] marijuana or hashish	________	_________	______	_______	______
[ ] nicotine/cigarettes	________	_________	______	_______	______
[ ] prescription___________	________	_________	______	_______	______
[ ] gambling______________	________	_________	______	_______	______
[ ] pornography/sex/internet	________	_________	______	_______	______

[ ] other____

Consequences of substance abuse (check all that apply):

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

DEVELOPMENTAL HISTORY (check all that apply for your history as a child or for a child/adolescent client)

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
[ ] lead poising (age ________)
[ ] mumps (age ____________)
[ ] diphtheria (age _________)
[ ] poliomyelitis (age _______)
[ ] pneumonia (age _________)
[ ] tuberculosis (age ________)
[ ] mental retardation
[ ] asthma
[ ] allergies to ____
[ ] significant injuries ____
[ ] chronic, serious health problems _____________________________
____

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 ____________

BIOPSYCHOSOCIAL HISTORY for KoKoRo Counseling

Childhood 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 ___________________

Childhood 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 from childhood: ________________________________

SOCIO-ECONOMIC HISTORY (check all that apply for client. Skip if client is child)

Living situation:
[ ] housing adequate
[ ] homeless
[ ] housing overcrowded
[ ] dependent on others for housing
[ ] housing dangerous/deteriorating
[ ] living companions dysfunctional

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

Social support system:
[ ] supportive network
[ ] few friends
[ ] substance-use-based friends
[ ] no friends
[ ] distant from family of origin

Military history:
[ ] never in military
[ ] served in military - no incident
[ ] served in military - **with** incident
____

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: ______
____
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: ______________________
____
____

List H.S. Studies/ College Studies / Degrees earned and any significant issues during academic years: ________________________________
____
____

List current employment and describe any past or current significant issues in employment/career environment: ______________________
____
____

SOURCES OF DATA PROVIDED ABOVE: [ ] Client self-report for all [ ] A variety of sources (if so, check sources below):

Presenting Problems/Symptoms
[ ] client self-report
[ ] client's parent/guardian
[ ] other (specify) _________________

Family History
[ ] client self-report
[ ] client's parent/guardian
[ ] other (specify) ____________________

Developmental History
[ ] client self-report
[ ] client's parent/guardian
[ ] other (specify) ____________________

Emotional/Psychiatric History
[ ] client self-report
[ ] client's parent/guardian
[ ] other (specify) _________________

Medical/Substance Use History
[ ] client self-report
[ ] client's parent/guardian
[ ] other (specify) ____________________

Socioeconomic History
[ ] client self-report
[ ] client's parent/guardian
[ ] other (specify) ____________________