BIOPSYCHOSOCIAL HISTORY for Counseling Service of LA Shields, MS, LPC

PRESENTING PROBLEMS

<table>
<thead>
<tr>
<th>Presenting problems</th>
<th>Duration (months)</th>
<th>Additional information:</th>
</tr>
</thead>
</table>

My Goal(s) for Therapy:

CURRENT SYMPTOM CHECKLIST (Rate intensity of symptoms I’m currently 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

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

<table>
<thead>
<tr>
<th>Is there a history of any of the following in your family of origin:</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] tuberculosis</td>
</tr>
<tr>
<td>[ ] birth defects</td>
</tr>
<tr>
<td>[ ] emotional problems</td>
</tr>
<tr>
<td>[ ] behavior problems</td>
</tr>
<tr>
<td>[ ] thyroid problems</td>
</tr>
<tr>
<td>[ ] cancer</td>
</tr>
<tr>
<td>[ ] mental retardation</td>
</tr>
<tr>
<td>[ ] other chronic or serious health problems</td>
</tr>
</tbody>
</table>

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:

<table>
<thead>
<tr>
<th>Date</th>
<th>Result</th>
<th>Date</th>
<th>Result</th>
</tr>
</thead>
</table>

OTHER INFORMATION:

What I like most about myself:

I consider my personal strengths as follows:

Effective coping strategies I use include:

BIOPSYCHOSOCIAL HISTORY for Counseling Service of LA Shields, MS, LPC

EMOTIONAL/PSYCHIATRIC HISTORY

[ ] [ ] Prior outpatient psychotherapy or inpatient treatment for a psychiatric, emotional or substance use disorder?
No Yes

If yes, on ______ occasions. Longest treatment by __________ for ______ sessions from __/____ to __/____

Provider/Facility Name
Month/Year
Month/Year

[ ] [ ] 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 provider name City State Phone Diagnosis Intervention/Modality Beneficial?

[ ] [ ] 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:

<table>
<thead>
<tr>
<th>Present entire childhood</th>
<th>Present part of childhood</th>
<th>Not present at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>mother</td>
<td>[ ] [ ] [ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>father</td>
<td>[ ] [ ] [ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>stepmother</td>
<td>[ ] [ ] [ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>stepfather</td>
<td>[ ] [ ] [ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>brother(s)</td>
<td>[ ] [ ] [ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>sister(s)</td>
<td>[ ] [ ] [ ]</td>
<td>[ ]</td>
</tr>
<tr>
<td>other (specify)</td>
<td>[ ] [ ] [ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

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
[ ] father deceased for ___ years
[ ] age of patient at mother’s death
[ ] age of patient at father’s death

Describe parents:

Father
Mother

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
[ ] currently in a serious relationship
[ ] very satisfied with relationship
[ ] satisfied with relationship
[ ] somewhat satisfied with relationship
[ ] dissatisfied with relationship
[ ] very dissatisfied with relationship

Relationship satisfaction:

List all persons currently living in patient’s household:

Name Age Sex Relationship to patient

List children not living in same household as client:

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:
BIOPSYCHOSOCIAL HISTORY for Counseling Service of LA Shields, MS, LPC

ADDICTIONS (SUBSTANCES/BEHAVIORS) 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/Behavior Use:

(choose all that apply)

- [ ] 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

Substance use status:

- [ ] hallucinogens (e.g., LSD)
- [ ] inhalants (e.g., glue, gas)
- [ ] no history of abuse
- [ ] active abuse
- [ ] early full remission
- [ ] early partial remission
- [ ] sustained full remission
- [ ] sustained partial remission
- [ ] stopped on own
- [ ] other

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 your history as a child or for a child/adolescent client)

Problems during mother's pregnancy:

- [ ] normal delivery
- [ ] difficult delivery
- [ ] cesarean delivery
- [ ] complications

[ ] German measles (age ________)
[ ] chickenpox (age ________)
[ ] lead poisoning (age ________)
[ ] mumps (age ________)
[ ] diphtheria (age ________)
[ ] whooping cough (age ________)
[ ] scarlet fever (age ________)
[ ] rheumatic fever (age ________)
[ ] poliomyelitis (age ________)
[ ] pneumonia (age ________)
[ ] autism
[ ] mental retardation
[ ] allergies to
[ ] joint problems
[ ] significant injuries
[ ] chronic, serious health problems

Infancy:

- [ ] feeding problems
- [ ] sleep problems
- [ ] toilet training problems

Birth:

[ ] speaking sentences
[ ] riding tricycle
[ ] controlling bladder
[ ] riding bicycle
[ ] other

Other

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
- [ ] breaks things
- [ ] disobeident

- [ ] distrustful
- [ ] extreme worrier
- [ ] self-injurious acts
- [ ] impulsive
- [ ] easily distracted
- [ ] poor concentration
- [ ] often sad
- [ ] other

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

- [ ] sitting
- [ ] rolling over
- [ ] standing
- [ ] walking
- [ ] feeding self
- [ ] speaking self
- [ ] speaking words
- [ ] speaking sentences
- [ ] controlling bladder
- [ ] other

[ ] controlling bowels
[ ] sleeping alone
[ ] dressing self
[ ] engaging peers
[ ] tolerating separation
[ ] playing cooperatively
[ ] riding tricycle
[ ] riding bicycle
[ ] other
### BIOPSYCHOSOCIAL HISTORY for Counseling Service of LA Shields, MS, LPC

#### Childhood Social interaction (check all that apply):
- [ ] normal social interaction
- [ ] inappropriate sex play
- [ ] isolates self
- [ ] dominates others
- [ ] very shy
- [ ] associates with acting-out peers
- [ ] alienates self
- [ ] other

#### Childhood Intellectual / academic functioning (check all that apply):
- [ ] normal intelligence
- [ ] high intelligence
- [ ] authority conflicts
- [ ] attention problems
- [ ] learning problems
- [ ] underachieving
- [ ] other
- [ ] mild retardation
- [ ] moderate retardation
- [ ] severe retardation

#### 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

**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
- [ ] history of promiscuity
- [ ] history of unsafe sex

**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:

**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:

**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

**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)

**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)

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

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