



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

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

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

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

List any abnormal lab test results:  
 Date \_\_\_\_\_ Result \_\_\_\_\_  
 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:	Substances used: (complete all that apply)	First use age	Last use age	Current Use		
				(Yes/No)	Frequency	Amount
<input type="checkbox"/> father	<input type="checkbox"/> stepparent/live-in	<input type="checkbox"/> alcohol	_____	_____	_____	_____
<input type="checkbox"/> mother	<input type="checkbox"/> uncle(s)/aunt(s)	<input type="checkbox"/> amphetamines/speed	_____	_____	_____	_____
<input type="checkbox"/> grandparent(s)	<input type="checkbox"/> spouse/significant other	<input type="checkbox"/> barbiturates/owners	_____	_____	_____	_____
<input type="checkbox"/> sibling(s)	<input type="checkbox"/> children	<input type="checkbox"/> caffeine	_____	_____	_____	_____
<input type="checkbox"/> other _____		<input type="checkbox"/> cocaine	_____	_____	_____	_____
		<input type="checkbox"/> crack cocaine	_____	_____	_____	_____
		<input type="checkbox"/> hallucinogens (e.g., LSD)	_____	_____	_____	_____
		<input type="checkbox"/> inhalants (e.g., glue, gas)	_____	_____	_____	_____
		<input type="checkbox"/> marijuana or hashish	_____	_____	_____	_____
		<input type="checkbox"/> nicotine/cigarettes	_____	_____	_____	_____
		<input type="checkbox"/> PCP	_____	_____	_____	_____
		<input type="checkbox"/> prescription _____	_____	_____	_____	_____
		<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

**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:	Birth:	Childhood health:
<input type="checkbox"/> none	<input type="checkbox"/> normal delivery	<input type="checkbox"/> chickenpox (age _____)
<input type="checkbox"/> high blood pressure	<input type="checkbox"/> difficult delivery	<input type="checkbox"/> German measles (age _____)
<input type="checkbox"/> kidney infection	<input type="checkbox"/> cesarean delivery	<input type="checkbox"/> red measles (age _____)
<input type="checkbox"/> German measles	<input type="checkbox"/> complications _____	<input type="checkbox"/> rheumatic fever (age _____)
<input type="checkbox"/> emotional stress	birth weight ___ lbs ___ oz.	<input type="checkbox"/> whooping cough (age _____)
<input type="checkbox"/> bleeding		<input type="checkbox"/> scarlet fever (age _____)
<input type="checkbox"/> alcohol use		<input type="checkbox"/> autism
<input type="checkbox"/> drug use	<b>Infancy:</b>	<input type="checkbox"/> ear infections
<input type="checkbox"/> cigarette use	<input type="checkbox"/> feeding problems	<input type="checkbox"/> allergies to _____
<input type="checkbox"/> other	<input type="checkbox"/> sleep problems	<input type="checkbox"/> significant injuries _____
	<input type="checkbox"/> toilet training problems	<input type="checkbox"/> chronic, serious health problems _____
		<input type="checkbox"/> lead poisoning (age _____)
		<input type="checkbox"/> mumps (age _____)
		<input type="checkbox"/> diphtheria (age _____)
		<input type="checkbox"/> poliomyelitis (age _____)
		<input type="checkbox"/> pneumonia (age _____)
		<input type="checkbox"/> tuberculosis (age _____)
		<input type="checkbox"/> mental retardation
		<input type="checkbox"/> asthma

**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

**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

- |  |  |   |   |   |
|--|--|---|---|---|
| <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
  - authority conflicts
  - attention problems
  - underachieving
  - mild retardation
  - moderate retardation
  - severe retardation
- 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
  - 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: \_\_\_\_\_

**Employment:**

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

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

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

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