



[ ] [ ] [ ] **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<br>entire<br>childhood | Present<br>part of<br>childhood | Not<br>present<br>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 \_\_\_\_\_

**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                       |

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

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

[ ] 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:

- 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

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
- 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
- controlling bowels
- sleeping alone
- dressing self

Emotional / behavior problems (check all that apply):

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

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> walking             | <input type="checkbox"/> engaging peers        | <input type="checkbox"/> violent temper  | <input type="checkbox"/> immature               | <input type="checkbox"/> 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     inappropriate sex play  
 isolates self     dominates others  
 very shy     associates with acting-out peers  
 alienates self     other \_\_\_\_\_

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

- normal intelligence     authority conflicts     mild retardation  
 high intelligence     attention problems     moderate retardation  
 learning problems     underachieving     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     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: \_\_\_\_\_  
 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: \_\_\_\_\_

**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

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