

Client Name _____ Date _____ Page ____

Has any family member had inpatient treatment for a psychiatric, emotional, or substance use disorder? If yes, No Yes who/why (list all): _____

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:

	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:

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 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):

List any known allergies: _____

List any abnormal lab test results:

Date _____ Result _____

Date _____ Result _____

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 _____

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 [] stepparent/live-in
- [] mother [] uncle(s)/aunt(s)
- [] grandparent(s) [] spouse/significant other
- [] sibling(s) [] children
- [] other _____

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 [] 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:

- [] none
- [] high blood pressure
- [] kidney infection
- [] German measles
- [] emotional stress
- [] bleeding
- [] alcohol use

Birth:

- [] normal delivery
- [] difficult delivery
- [] cesarean delivery
- [] complications _____
- birth weight ___lbs ___oz.

Infancy:

- [] feeding 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 _____
- [] lead poisoning (age _____)
- [] mumps (age _____)
- [] diphtheria (age _____)
- [] poliomyelitis (age _____)
- [] pneumonia (age _____)
- [] tuberculosis (age _____)
- [] mental retardation
- [] asthma

- drug use
- cigarette use
- other _____
- sleep problems
- toilet training problems
- 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 _____

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: _____

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: _____

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: _____

- 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

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) _____