



**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:**

- 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
- 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  controlling bowels
- rolling over  sleeping alone
- standing  dressing self
- walking  engaging peers
- feeding self  tolerating separation

**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
- fire-setting  bizarre behavior  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
- Current or highest education level \_\_\_\_\_
- authority conflicts
- attention problems
- underachieving
- mild retardation
- moderate retardation
- severe retardation

**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

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

**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

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