

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 _____

Is there a history of any of the following in the family:

<input type="checkbox"/> tuberculosis	<input type="checkbox"/> heart disease
<input type="checkbox"/> birth defects	<input type="checkbox"/> high blood pressure
<input type="checkbox"/> emotional problems	<input type="checkbox"/> alcoholism
<input type="checkbox"/> behavior problems	<input type="checkbox"/> drug abuse
<input type="checkbox"/> thyroid problems	<input type="checkbox"/> diabetes
<input type="checkbox"/> cancer	<input type="checkbox"/> Alzheimer's disease/dementia
<input type="checkbox"/> mental retardation	<input type="checkbox"/> stroke

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

[] other chronic or serious health problems _____

List any known allergies: _____

Describe any serious hospitalization or accidents:

Date _____ Age _____ Reason _____
 Date _____ Age _____ Reason _____
 Date: _____ Age _____ Reason _____

List any abnormal lab test results:

Date _____ Result _____
 Date _____ Result _____

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	First use age	Last use age	(Yes/No)	Frequency	Amount
[] 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 _____	_____	_____	_____	_____	_____

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

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

- | | | | | |
|--|--|--|---|---|
| <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

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) _____