

BIOPSYCHOSOCIAL HISTORY for Counseling Service of LA Shields, MS, LPC

PRESENTING PROBLEMS

Presenting problems	Duration (months)	Additional information:
_____	_____	_____
_____	_____	_____

My Goal(s) for Therapy: _____

CURRENT SYMPTOM CHECKLIST (Rate intensity of symptoms I'm currently experiencing)

None = This symptom not present at this time • **Mild** = Impacts quality of life, but no significant impairment of day-to-day functioning
Moderate = Significant impact on quality of life and/or day-to-day functioning • **Severe** = Profound impact on quality of life and/or day-to-day functioning

	None	Mild	Moderate	Severe		None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
depressed mood	[]	[]	[]	[]	bingeing/purging	[]	[]	[]	[]	guilt	[]	[]	[]	[]
appetite disturbance	[]	[]	[]	[]	laxative/diuretic abuse	[]	[]	[]	[]	ethical/spiritual dilemma	[]	[]	[]	[]
sleep disturbance	[]	[]	[]	[]	anorexia	[]	[]	[]	[]	hyperactivity	[]	[]	[]	[]
elimination disturbance	[]	[]	[]	[]	paranoid thoughts	[]	[]	[]	[]	disassociative states	[]	[]	[]	[]
fatigue/low energy	[]	[]	[]	[]	disorganized thoughts	[]	[]	[]	[]	excessive physical complaints	[]	[]	[]	[]
memory loss	[]	[]	[]	[]	suicidal thoughts	[]	[]	[]	[]	self-mutilation/cutting	[]	[]	[]	[]
poor concentration	[]	[]	[]	[]	delusions	[]	[]	[]	[]	significant weight gain/loss	[]	[]	[]	[]
difficulty focusing	[]	[]	[]	[]	hallucinations	[]	[]	[]	[]	illness/health/ medical concerns	[]	[]	[]	[]
mood swings	[]	[]	[]	[]	aggressive behaviors	[]	[]	[]	[]	emotional trauma victim	[]	[]	[]	[]
agitation	[]	[]	[]	[]	anger, arguing	[]	[]	[]	[]	physical trauma victim	[]	[]	[]	[]
emotionality	[]	[]	[]	[]	defiant behavior	[]	[]	[]	[]	sexual trauma victim	[]	[]	[]	[]
irritability	[]	[]	[]	[]	sexual dysfunction	[]	[]	[]	[]	low self-esteem	[]	[]	[]	[]
generalized anxiety	[]	[]	[]	[]	grief, losses	[]	[]	[]	[]	headaches	[]	[]	[]	[]
panic attacks	[]	[]	[]	[]	hopelessness	[]	[]	[]	[]	addictive behaviors	[]	[]	[]	[]
phobias	[]	[]	[]	[]	social isolation	[]	[]	[]	[]	substance abuse	[]	[]	[]	[]
obsessions/compulsions	[]	[]	[]	[]	worthlessness	[]	[]	[]	[]	other (specify) _____	[]	[]	[]	[]

Please circle any of the above symptoms you've experienced previously, which you've either received treatment for or are currently managing successfully. Additional comments: _____

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 your family of origin:

- [] 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 _____

OTHER INFORMATION:

What I like most about myself: _____

I consider my personal strengths as follows: _____

Effective coping strategies I use include: _____

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EMOTIONAL/PSYCHIATRIC HISTORY

Prior outpatient psychotherapy or inpatient treatment for a psychiatric, emotional or substance use disorder?

No Yes If yes, on _____ occasions. Longest treatment by _____ for _____ sessions from ____/____/____ to ____/____/____

Prior provider name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Has any family member had outpatient or 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 client:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____

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Childhood 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 _____

Childhood 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 from childhood: _____

SOCIO-ECONOMIC HISTORY (check all that apply for client. Skip if client is child)

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

Military history:

- never in military
- served in military - no incident
- served in military - **with** incident

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: _____

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: _____

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: _____

Financial situation:

- no current financial problems
- large indebtedness
- poverty or below-poverty income
- impulsive spending
- relationship conflicts over finances

List H.S. Studies/ College Studies / Degrees earned and any significant issues during academic years: _____

List current employment and describe any past or current significant issues in employment/career environment: _____

SOURCES OF DATA PROVIDED ABOVE: Client self-report for all A variety of sources (if so, check sources below):

Presenting Problems/Symptoms

- client self-report
- client's parent/guardian
- other (specify) _____

Family History

- client self-report
- client's parent/guardian
- other (specify) _____

Developmental History

- client self-report
- client's parent/guardian
- other (specify) _____

Emotional/Psychiatric History

- client self-report
- client's parent/guardian
- other (specify) _____

Medical/Substance Use History

- client self-report
- client's parent/guardian
- other (specify) _____

Socioeconomic History

- client self-report
- client's parent/guardian
- other (specify) _____