

[] [] **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	[]	[]	[]
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:

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): _____

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

Consequences of substance abuse (check all that apply):

- outpatient (age[s] _____)
- inpatient (age[s] _____)
- 12-step program (age[s] _____)
- stopped on own (age[s] _____)
- other (age[s] _____)
describe: _____
- hangovers
- seizures
- blackouts
- overdose
- 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.

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

Infancy:

- feeding problems
- sleep problems
- toilet training problems

Delayed developmental milestones (check only those milestones that did not occur at expected age):

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

Emotional / behavior problems (check all that apply):

- drug use
- alcohol abuse
- chronic lying
- stealing
- violent temper
- fire-setting
- repeats words of others
- not trustworthy
- hostile/angry mood
- indecisive
- immature
- bizarre behavior
- distrustful
- extreme worrier
- self-injurious acts
- impulsive
- easily distracted
- 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) _____