



Patient name _____ Date of Birth: _____ Date: _____ Page 1

HISTORY FORM

PRESENTING PROBLEMS

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

CURRENT EMOTIONAL AND MEDICAL SYMPTOM CHECKLIST (Rate intensity of symptoms present)

None • 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
Please circle any symptom for which you are currently being treated by a medical doctor.

Table with 4 columns for symptom intensity (None, Mild, Moderate, Severe) and rows for various symptoms like depressed mood, social isolation, substance abuse, etc.

MEDICAL HISTORY (check all that apply for patient)

Describe current physical health: [] Good [] Fair [] Poor Date of last Physical Exam: _____ Where _____
Name of primary care physician: _____ Phone _____
Name of psychiatrist: (if any): _____ Phone _____

Table with 5 columns: Medications currently being taken, Dose, Frequency, Reason, Who prescribed?

List any medical illness(es) for which you are presently or have previously been treated (please provide separate sheet if necessary): _____

Describe any serious hospitalization or accidents: Date _____ Reason _____ Date _____ Reason _____

List any known allergies (medication or other): _____ Reactions to allergies _____

List any abnormal lab test results: Date _____ Result _____ Date _____ Result _____

EMOTIONAL/PSYCHIATRIC HISTORY

[] [] Prior outpatient psychotherapy?

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

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

[] [] Prior inpatient treatment for a psychiatric, emotional, or substance use disorder?

No Yes If yes, on _____ occasions. Longest treatment at _____ from ____/____/____ to ____/____/____
 Name of facility Month/Year Month/Year

Inpatient facility name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

[] [] Has any family member had outpatient psychotherapy? If yes, please circle: Grandparents Parents Siblings Aunt/Uncle Cousins

No Yes Please Provide Details for any circled: _____

[] [] Has any family member had inpatient treatment for a psychiatric, emotional, or substance use disorder? If yes, please circle:

No Yes Grandparents Parents Siblings Aunt/Uncle Cousins

Please Provide details for any circled: _____

[] [] Has any family member used psychotropic medications? If yes, please circle: Grandparents Parents Siblings Aunt/Uncle Cousins

No Yes

Please Provide details for any circled: _____

SUBSTANCE USE HISTORY (check all that apply for patient)

Substance use status:

- no history of abuse
- active abuse
- early full remission
- early partial remission
- sustained full remission
- sustained partial remission

Substances used:

(complete all that apply)

- alcohol
- amphetamines/speed
- barbiturates/downers
- caffeine
- cocaine/crack cocaine
- heroin
- hallucinogens (e.g., LSD)
- inhalants (e.g., glue, gas)
- marijuana or hashish
- nicotine/cigarettes/tobacco
- PCP
- prescription drug abuse
- other

Current Use	First use age	Last use age	Frequency	Amount	Family History*
Yes/No	_____	_____	_____	_____	Yes/No
Yes/No	_____	_____	_____	_____	Yes/No
Yes/No	_____	_____	_____	_____	Yes/No
Yes/No	_____	_____	_____	_____	Yes/No
Yes/No	_____	_____	_____	_____	Yes/No
Yes/No	_____	_____	_____	_____	Yes/No
Yes/No	_____	_____	_____	_____	Yes/No
Yes/No	_____	_____	_____	_____	Yes/No
Yes/No	_____	_____	_____	_____	Yes/No
Yes/No	_____	_____	_____	_____	Yes/No
Yes/No	_____	_____	_____	_____	Yes/No
Yes/No	_____	_____	_____	_____	Yes/No

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 for patient (check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> withdrawal symptoms | <input type="checkbox"/> sleep disturbance |
| <input type="checkbox"/> binges | <input type="checkbox"/> seizures |
| <input type="checkbox"/> medical conditions | <input type="checkbox"/> job loss |
| <input type="checkbox"/> assaults | <input type="checkbox"/> tolerance changes |
| <input type="checkbox"/> blackouts | <input type="checkbox"/> arrests |
| <input type="checkbox"/> suicidal impulse | <input type="checkbox"/> loss of control of amount used |
| <input type="checkbox"/> overdose | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> relationship conflicts | |

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
your age at mother's death _____
- father deceased for ___ years
your age 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)
- widow(er) for ___ years

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: _____

FAMILY HISTORY (check all that apply):

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> tuberculosis | <input type="checkbox"/> heart disease | <input type="checkbox"/> high blood pressure | <input type="checkbox"/> behavior problems |
| <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 | <input type="checkbox"/> birth defects | |
| <input type="checkbox"/> other chronic or serious health problems _____ | | | |

*If Family History of substance abuse was indicated above, please indicate relation (e.g. father, mother, sibling, etc.) _____

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

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

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: _____

SOURCES OF DATA PROVIDED ABOVE FOR ALL OR ANY OF CATEGORIES:

- patient self-report Please initial _____
- patient's parent/guardian Please initial _____
- other (specify) _____