



[ ] [ ] **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:**

<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 \_\_\_\_\_



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

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

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

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