

Has any family member used psychotropic medications? If yes, who/what/why (list all): _____
 No Yes _____

FAMILY HISTORY
FAMILY OF ORIGIN

Present during childhood:			Parents' current marital status:		Describe parents:	
	Present entire childhood	Present part of childhood	Not present at all	<input type="checkbox"/> married to each other	Father	Mother
mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> separated for ___ years	full name _____	_____
father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> divorced for ___ years	occupation _____	_____
stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mother remarried ___ times	education _____	_____
stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> father remarried ___ times	general health _____	_____
brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mother involved with someone	Describe childhood family experience:	
sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> father involved with someone	<input type="checkbox"/> outstanding home environment	
other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mother deceased for ___ years	<input type="checkbox"/> normal home environment	
				<input type="checkbox"/> father deceased for ___ years	<input type="checkbox"/> chaotic home environment	
				<input type="checkbox"/> age of patient at mother's death _____	<input type="checkbox"/> witnessed physical/verbal/sexual abuse toward others	
				<input type="checkbox"/> age of patient at father's death _____	<input type="checkbox"/> experienced physical/verbal/sexual abuse from others	

Age of emancipation from home: _____ Circumstances: _____

Special circumstances in childhood: _____

IMMEDIATE FAMILY

Marital status:	Intimate relationship:	List all persons currently living in patient's household:
<input type="checkbox"/> single, never married	<input type="checkbox"/> never been in a serious relationship	Name _____ Age _____ Sex _____ Relationship to patient _____
<input type="checkbox"/> engaged ___ months	<input type="checkbox"/> not currently in relationship	_____
<input type="checkbox"/> married for ___ years	<input type="checkbox"/> currently in a serious relationship	_____
<input type="checkbox"/> divorced for ___ years		_____
<input type="checkbox"/> separated for ___ years	Relationship satisfaction:	List children <u>not</u> living in same household as patient:
<input type="checkbox"/> divorce in process ___ months	<input type="checkbox"/> very satisfied with relationship	_____
<input type="checkbox"/> live-in for ___ years	<input type="checkbox"/> satisfied with relationship	_____
<input type="checkbox"/> ___ prior marriages (self)	<input type="checkbox"/> somewhat satisfied with relationship	_____
<input type="checkbox"/> ___ prior marriages (partner)	<input type="checkbox"/> dissatisfied with relationship	_____
	<input type="checkbox"/> very dissatisfied with relationship	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: <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor	Is there a history of any of the following in the family:
_____	<input type="checkbox"/> tuberculosis <input type="checkbox"/> heart disease
List name of primary care physician:	<input type="checkbox"/> birth defects <input type="checkbox"/> high blood pressure
Name _____ Phone _____	<input type="checkbox"/> emotional problems <input type="checkbox"/> alcoholism
List name of psychiatrist: (if any):	<input type="checkbox"/> behavior problems <input type="checkbox"/> drug abuse
Name _____ Phone _____	<input type="checkbox"/> thyroid problems <input type="checkbox"/> diabetes
List any medications currently being taken (give dosage & reason):	<input type="checkbox"/> cancer <input type="checkbox"/> Alzheimer's disease/dementia
_____	<input type="checkbox"/> mental retardation <input type="checkbox"/> stroke
	<input type="checkbox"/> other chronic or serious health problems _____

- | | | | | |
|--|--|---|---|--|
| <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
- authority conflicts
- attention problems
- underachieving
- mild retardation
- moderate retardation
- 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
- 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: _____

Employment:

- employed and satisfied
- employed but dissatisfied
- unemployed
- coworker conflicts
- supervisor conflicts
- unstable work history
- disabled: _____

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: _____

Financial situation:

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

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: _____

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) _____