

Has any family member had 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 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):

List any known allergies: _____

List any abnormal lab test results:

Date _____ Result _____

Date _____ Result _____

Is there a history of any of the following in the family:

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

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:

- | | |
|---|---|
| <input type="checkbox"/> father | <input type="checkbox"/> stepparent/live-in |
| <input type="checkbox"/> mother | <input type="checkbox"/> uncle(s)/aunt(s) |
| <input type="checkbox"/> grandparent(s) | <input type="checkbox"/> spouse/significant other |
| <input type="checkbox"/> sibling(s) | <input type="checkbox"/> children |
| <input type="checkbox"/> other _____ | |

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/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
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 (check all that apply):

- | | | | |
|--------------------------------------|--|---|-----------------------------------|
| <input type="checkbox"/> hangovers | <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"/> assaults | <input type="checkbox"/> job loss |
| <input type="checkbox"/> blackouts | <input type="checkbox"/> tolerance changes | <input type="checkbox"/> suicidal impulse | <input type="checkbox"/> arrests |
| <input type="checkbox"/> overdose | <input type="checkbox"/> loss of control amount used | <input type="checkbox"/> relationship conflicts | |
| <input type="checkbox"/> other _____ | | | |

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

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

- lead poisoning (age _____)
 mumps (age _____)
 diphtheria (age _____)
 poliomyelitis (age _____)
 pneumonia (age _____)
 tuberculosis (age _____)
 mental retardation

- bleeding
- alcohol use
- drug use
- cigarette use
- other _____

Infancy:

- feeding problems
- sleep problems
- toilet training problems

- ear infections
- allergies to _____
- significant injuries _____
- chronic, serious health problems _____
- asthma

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

- sitting
- rolling over
- standing
- walking
- feeding self
- speaking words
- speaking sentences
- controlling bladder
- other _____
- controlling bowels
- sleeping alone
- dressing self
- engaging peers
- tolerating separation
- playing cooperatively
- riding tricycle
- riding bicycle

Emotional / behavior problems (check all that apply):

- drug use
- alcohol abuse
- chronic lying
- stealing
- violent temper
- fire-setting
- hyperactive
- animal cruelty
- assaults others
- disobedient
- repeats words of others
- not trustworthy
- hostile/angry mood
- indecisive
- immature
- bizarre behavior
- self-injurious threats
- frequently tearful
- frequently daydreams
- lack of attachment
- distrustful
- extreme worrier
- self-injurious acts
- impulsive
- easily distracted
- poor concentration
- often sad
- breaks things
- other _____

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: _____

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) _____