

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	Parents' current marital status:	Describe parents:
				<input type="checkbox"/> married to each other	Father _____ Mother _____
				<input type="checkbox"/> separated for ___ years	full name _____
mother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> divorced for ___ years	occupation _____
father	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mother remarried ___ times	education _____
stepmother	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> father remarried ___ times	general health _____
stepfather	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mother involved with someone	
brother(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> father involved with someone	Describe childhood family experience:
sister(s)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> mother deceased for ___ years	<input type="checkbox"/> outstanding home environment
other (specify) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	age of patient at mother's death _____	<input type="checkbox"/> normal home environment
				<input type="checkbox"/> father deceased for ___ years	<input type="checkbox"/> chaotic home environment
				age of patient at father's death _____	<input type="checkbox"/> witnessed physical/verbal/sexual abuse toward others
					<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:
List name of primary care physician:	<input type="checkbox"/> tuberculosis
Name _____ Phone _____	<input type="checkbox"/> heart disease
	<input type="checkbox"/> birth defects
List name of psychiatrist: (if any):	<input type="checkbox"/> high blood pressure
Name _____ Phone _____	<input type="checkbox"/> alcoholism
	<input type="checkbox"/> emotional problems
List any medications currently being taken (give dosage & reason):	<input type="checkbox"/> drug abuse
	<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"/> 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

Treatment history:

- outpatient (age[s] _____)
 - inpatient (age[s] _____)
 - I2-step program (age[s] _____)
 - stopped on own (age[s] _____)
 - other (age[s] _____)
- describe: _____

Consequences of substance abuse (check all that apply):

- hangovers withdrawal symptoms sleep disturbance binges
- seizures medical conditions assaults job loss
- blackouts tolerance changes suicidal impulse arrests
- overdose loss of control amount used relationship conflicts
- 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
- 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 controlling bowels
- rolling over sleeping alone
- standing dressing self
- walking engaging peers

Emotional / behavior problems (check all that apply):

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

- | | | | | |
|----------------------------------------------|------------------------------------------------|---------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <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: _____

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) _____