



Client name \_\_\_\_\_ Date \_\_\_\_\_

[ ] [ ] **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 you left 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 your household:**

Name	Age	Sex	Relationship to patient
_____	_____	_____	_____
_____	_____	_____	_____

**List children not living in same household as you:**

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 \_\_\_\_\_

**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 \_\_\_\_\_

**List any medications currently being taken** (give dosage & reason):

Client name \_\_\_\_\_ Date \_\_\_\_\_

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)

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

Consequences of substance abuse (check all that apply):

- outpatient (age[s] \_\_\_\_\_)
- inpatient (age[s] \_\_\_\_\_)
- 12-step program (age[s] \_\_\_\_\_)
- stopped on own (age[s] \_\_\_\_\_)
- other (age[s] \_\_\_\_\_) describe: \_\_\_\_\_
- hangovers
- seizures
- blackouts
- overdose
- withdrawal symptoms
- medical conditions
- tolerance changes
- loss of control amount used
- other \_\_\_\_\_
- sleep disturbance
- assaults
- suicidal impulse
- relationship conflicts
- binges
- job loss
- arrests

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

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:

Legal history:

Client name \_\_\_\_\_ Date \_\_\_\_\_

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

*To Be Completed by Therapist*

**SOURCES OF DATA PROVIDED ABOVE:**  Patient self-report for all  A variety of sources (if so, check appropriate sources below):

**Presenting Problems/Symptoms**

- client self-report
- client's parent/guardian
- other (specify) \_\_\_\_\_

**Family History**

- client self-report
- client's parent/guardian
- other (specify) \_\_\_\_\_

**Developmental History**

- client self-report
- client's parent/guardian
- other (specify) \_\_\_\_\_

**Emotional/Psychiatric History**

- client self-report
- client's parent/guardian
- other (specify) \_\_\_\_\_

**Medical/Substance Use History**

- client self-report
- client's parent/guardian
- other (specify) \_\_\_\_\_

**Socioeconomic History**

- client self-report
- client's parent/guardian
- other (specify) \_\_\_\_\_