

## BIOPSYCHOSOCIAL HISTORY

### PRESENTING PROBLEMS

Presenting problems	Duration (months)	Additional information:
_____	_____	_____
_____	_____	_____
_____	_____	_____

### CURRENT SYMPTOM CHECKLIST (Rate intensity of symptoms currently present)

**None** = This symptom not present at this time • **Mild** = Impacts quality of life, but no significant impairment of day-to-day functioning  
**Moderate** = Significant impact on quality of life and/or day-to-day functioning • **Severe** = Profound impact on quality of life and/or day-to-day functioning

	None				Mild				Moderate				Severe			
	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
depressed mood	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
bingeing/purging	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
guilt	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
appetite disturbance	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
laxative/diuretic abuse	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
elevated mood	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
sleep disturbance	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
anorexia	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
hyperactivity	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
elimination disturbance	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
paranoid ideation	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
dissociative states	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
fatigue/low energy	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
circumstantial symptoms	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
somatic complaints	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
psychomotor retardation	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
self-mutilation	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
poor concentration	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
delusions	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
significant weight gain/loss	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
poor grooming	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
hallucinations	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
concomitant medical condition	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
mood swings	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
aggressive behaviors	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
emotional trauma victim	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
agitation	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
conduct problems	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
physical trauma victim	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
emotionalty	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
oppositional behavior	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
sexual trauma victim	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
irritability	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
sexual dysfunction	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
emotional trauma perpetrator	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
generalized anxiety	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
grief	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
panic attacks	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
hopelessness	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
phobias	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
social isolation	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
obsessions/compulsions	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
worthlessness	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]
other (specify) _____	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]

### EMOTIONAL/PSYCHIATRIC HISTORY

#### [ ] [ ] Prior outpatient psychotherapy?

No Yes If yes, on \_\_\_\_\_ occasions. Longest treatment by \_\_\_\_\_ for \_\_\_\_\_ sessions from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Provider Name Month/Year Month/Year

Prior provider name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

[ ] [ ] **Has any family member had outpatient psychotherapy?** If yes, who/why (list all): \_\_\_\_\_  
 No Yes \_\_\_\_\_

#### [ ] [ ] Prior inpatient treatment for a psychiatric, emotional, or substance use disorder?

No Yes If yes, on \_\_\_\_\_ occasions. Longest treatment at \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of facility Month/Year Month/Year

Inpatient facility name	City	State	Phone	Diagnosis	Intervention/Modality	Beneficial?
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

[ ] [ ] **Has any family member had inpatient treatment for a psychiatric, emotional, or substance use disorder?** If yes, who/why (list all): \_\_\_\_\_  
 No Yes \_\_\_\_\_

#### [ ] [ ] 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:**

<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 \_\_\_\_\_

**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

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

[ ] other chronic or serious health problems \_\_\_\_\_  
 \_\_\_\_\_

List any known allergies: \_\_\_\_\_

**Describe any serious hospitalization or accidents:**

Date \_\_\_\_\_ Age \_\_\_\_\_ Reason \_\_\_\_\_  
 Date \_\_\_\_\_ Age \_\_\_\_\_ Reason \_\_\_\_\_  
 Date: \_\_\_\_\_ Age \_\_\_\_\_ Reason \_\_\_\_\_

List any abnormal lab test results:

Date \_\_\_\_\_ Result \_\_\_\_\_  
 Date \_\_\_\_\_ Result \_\_\_\_\_

**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

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] \_\_\_\_\_)
  - [ ] 12-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.

**Infancy:**

- [ ] feeding problems
- [ ] sleep problems
- [ ] toilet training problems

**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

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

- [ ] sitting [ ] controlling bowels
- [ ] rolling over [ ] sleeping alone
- [ ] standing [ ] dressing self

**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

- |  |  |  |   |   |
|--|--|--|---|---|
| <input type="checkbox"/> walking             | <input type="checkbox"/> engaging peers        | <input type="checkbox"/> violent temper  | <input type="checkbox"/> immature               | <input type="checkbox"/> 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     inappropriate sex play  
 isolates self                     dominates others  
 very shy                             associates with acting-out peers  
 alienates self                     other \_\_\_\_\_

**Intellectual / academic functioning** (check all that apply):

- normal intelligence     authority conflicts     mild retardation  
 high intelligence     attention problems     moderate retardation  
 learning problems     underachieving         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     currently sexually dissatisfied  
 homosexual orientation     age first sex experience \_\_\_\_\_  
 bisexual orientation         age first pregnancy/fatherhood \_\_\_\_  
 currently sexually active     history of promiscuity age \_\_\_ to \_\_\_\_  
 currently sexually satisfied     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) \_\_\_\_\_