

TREASURE VALLEY PSYCHOLOGICAL SERVICES

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Patient Name: _____ DOB: _____ Date: _____

HISTORY

PRESENTING PROBLEMS:

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

What is the one thing I need to know to help you most today? _____

CURRENT SYMPTOM CHECKLIST (rate intensity of symptoms currently present)

None (0)= This symptom not present at this time • **Mild (1)** = Impacts quality of life, but no significant impairment of day-to-day functioning • **Moderate (2)** = Significant impact on quality of life and/or day-to-day functioning • **Severe (3)** = Profound impact on quality of life and/or day-to-day functioning

	0	1	2	3
Depressed mood				
Appetite disturbance				
Sleep disturbance				
Elimination disturbance				
Fatigue/low energy				
Poor concentration				
Poor grooming				
Mood swings				
Agitation				
Emotionality				
Irritability				
Generalized anxiety				
Panic attacks				
Phobias				
Obsessions/compulsions				

	0	1	2	3
Bingeing/purging				
Laxative/diuretic abuse				
Anorexia				
Paranoid thoughts				
Circumstantial symptoms				
Delusions				
Hallucinations				
Aggressive behaviors				
Conduct problems				
Oppositional behavior				
Sexual dysfunction				
Grief				
Hopelessness				
Social isolations				
worthlessness				

	0	1	2	3
Guilt				
Elevated mood				
Hyperactivity				
Physical complaints				
Self-mutilation				
Significant weight gain/loss				
Other medical condition				
Emotional trauma victim				
Physical trauma victim				
Sexual trauma victim				
Emotional trauma perpetrator				
Physical trauma perpetrator				
Sexual trauma perpetrator				
Substance abuse				
Other (specify)_____				

EMOTIONAL / PSYCHIATRIC HISTORY (circle Yes or No)

Yes No **Prior outpatient psychotherapy?**

If yes, on ____ occasions. Longest treatment by _____ for ____ sessions from ____/____ to ____/____.

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

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

Yes No **Prior inpatient treatment for a psychiatric, emotional, or substance abuse disorder?**

If yes, on ____ occasions. Longest treatment at _____ from ____/____ to ____/____.

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

Yes No **Has any family member had inpatient psychiatric, emotional, or substance abuse disorder?** If yes, who/why (list all): _____

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Yes No **Prior or current psychotropic medication usage?** If yes:

Medication	Dosage	Frequency	Start date	End date	Physician	Side effects	Beneficial?
_____	_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____	_____

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

FAMILY HISTORY (check all that apply)

FAMILY OF ORIGIN

Present during childhood:

	Present entire childhood	Present part of childhood	Not present at all
Mother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stepmother	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stepfather	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Brother(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sisters(s)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

(specify) _____

Parents' marital status:

☐ married to each other
☐ separated for ___ years
☐ divorced for ___ years
☐ widowed for ___ years
☐ mother remarried ___ times
☐ father remarried ___ times
☐ mother involved with someone
☐ father involved with someone
☐ mother deceased for ___ years
your age at mother's death ___
☐ father deceased for ___ years
your age at father's death ___

Describe parents:

Father	Mother
name _____	name _____
occupation _____	occupation _____
education _____	education _____
general health _____	general health _____

Describe childhood family experience:

☐ outstanding home environment
☐ normal home environment
☐ chaotic home environment
☐ witnessed physical/verbal/sexual abuse to 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
☐ widowed for ___ years
☐ divorced for ___ years
☐ divorce in progress ___ 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 you
_____	_____	_____	_____
_____	_____	_____	_____

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: _____

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MEDICAL HISTORY (check all that apply)

Describe current physical health: ☐ Good ☐ Fair ☐ Poor

List name of primary care physician:

Name _____ Phone _____

List name of psychiatrist: (if any)

Name _____ Phone _____

Describe any serious hospitalization or accidents:

Date _____ Age _____ Reason _____

Date _____ Age _____ Reason _____

Date _____ Age _____ Reason _____

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

- | | |
|--|--|
| <input type="radio"/> tuberculosis | <input type="radio"/> heart disease |
| <input type="radio"/> birth defects | <input type="radio"/> high blood pressure |
| <input type="radio"/> emotional problems | <input type="radio"/> alcoholism |
| <input type="radio"/> behavior problems | <input type="radio"/> drug abuse |
| <input type="radio"/> thyroid problems | <input type="radio"/> diabetes |
| <input type="radio"/> cancer | <input type="radio"/> Alzheimer's disease/dementia |
| <input type="radio"/> mental retardation | <input type="radio"/> stroke |
| <input type="radio"/> suicide | |
| <input type="radio"/> other chronic or serious health problems | _____ |

SUBSTANCE USE HISTORY (check all that apply)

Family alcohol/drug abuse history:

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

Substances used:

(complete all that apply)

- | |
|--|
| <input type="radio"/> alcohol |
| <input type="radio"/> amphetamines/speed |
| <input type="radio"/> barbiturates/owners |
| <input type="radio"/> caffeine |
| <input type="radio"/> cocaine |
| <input type="radio"/> crack cocaine |
| <input type="radio"/> hallucinogens(e.g. LSD) |
| <input type="radio"/> inhalants (e.g. glue, gas) |
| <input type="radio"/> marijuana or hashish |
| <input type="radio"/> nicotine/cigarettes |
| <input type="radio"/> PCP |
| <input type="radio"/> prescription _____ |
| <input type="radio"/> other _____ |

First use

Last use

Current use

(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: (note age at time of event)

- ☐ outpatient _____
- ☐ inpatient _____
- ☐ 12-step program _____
- ☐ stopped on own _____
- ☐ other _____
- describe: _____

Consequences of substance abuse (check all that apply)

- | | | | |
|-----------------------------------|---|--|--------------------------------|
| <input type="radio"/> hangovers | <input type="radio"/> withdrawal symptoms | <input type="radio"/> sleep disturbance | <input type="radio"/> binges |
| <input type="radio"/> seizures | <input type="radio"/> medical conditions | <input type="radio"/> assaults | <input type="radio"/> job loss |
| <input type="radio"/> blackouts | <input type="radio"/> tolerance changes | <input type="radio"/> suicidal impulse | <input type="radio"/> arrests |
| <input type="radio"/> overdose | <input type="radio"/> loss of control amount used | <input type="radio"/> relationship conflicts | |
| <input type="radio"/> other _____ | | | |

SOCIO-ECONOMIC HISTORY (check all that apply)

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 pregnancy/fatherhood ____

Additional information: _____

Employment:

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

Financial situation:

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

Military history:

- ☐ never in military
- ☐ served in military – no incident
- ☐ served in military – **with** incident

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SOCIO-ECONOMIC HISTORY (continued)

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: _____