

# EMPOWER

## MENTAL HEALTH CLINIC

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### Adult 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		None	Mild	Moderate	Severe		None	Mild	Moderate	Severe
depressed mood	[ ]	[ ]	[ ]	[ ]	bingeing/purging	[ ]	[ ]	[ ]	[ ]	guilt	[ ]	[ ]	[ ]	[ ]
appetite disturbance	[ ]	[ ]	[ ]	[ ]	laxative/diuretic abuse	[ ]	[ ]	[ ]	[ ]	elevated mood	[ ]	[ ]	[ ]	[ ]
sleep disturbance	[ ]	[ ]	[ ]	[ ]	anorexia	[ ]	[ ]	[ ]	[ ]	hyperactivity	[ ]	[ ]	[ ]	[ ]
constipation	[ ]	[ ]	[ ]	[ ]	paranoid ideation	[ ]	[ ]	[ ]	[ ]	dissociative states	[ ]	[ ]	[ ]	[ ]
fatigue/low energy	[ ]	[ ]	[ ]	[ ]	circumstantial symptoms	[ ]	[ ]	[ ]	[ ]	somatic complaints	[ ]	[ ]	[ ]	[ ]
slow mental/phy reaction	[ ]	[ ]	[ ]	[ ]	loose associations	[ ]	[ ]	[ ]	[ ]	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	[ ]	[ ]	[ ]	[ ]
emotionality	[ ]	[ ]	[ ]	[ ]	oppositional behavior	[ ]	[ ]	[ ]	[ ]	sexual trauma victim	[ ]	[ ]	[ ]	[ ]
irritability	[ ]	[ ]	[ ]	[ ]	sexual dysfunction	[ ]	[ ]	[ ]	[ ]	substance abuse	[ ]	[ ]	[ ]	[ ]
generalized anxiety	[ ]	[ ]	[ ]	[ ]	grief	[ ]	[ ]	[ ]	[ ]	physical trauma perpetrator	[ ]	[ ]	[ ]	[ ]
panic attacks	[ ]	[ ]	[ ]	[ ]	hopelessness	[ ]	[ ]	[ ]	[ ]	sexual trauma perpetrator	[ ]	[ ]	[ ]	[ ]
phobias	[ ]	[ ]	[ ]	[ ]	social isolation	[ ]	[ ]	[ ]	[ ]	homicidal thoughts	[ ]	[ ]	[ ]	[ ]
obsessions/compulsions	[ ]	[ ]	[ ]	[ ]	worthlessness	[ ]	[ ]	[ ]	[ ]	suicidal thoughts	[ ]	[ ]	[ ]	[ ]

#### 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, 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**

Name	Age	Education	Occupation	Name	Age	Residing With
Mother	_____	_____	_____	Siblings	_____	_____
Father	_____	_____	_____	_____	_____	_____

**Parents' Current Marital Status:**  
 married to each other  
 separated for \_\_ years  
 divorced for \_\_ years  
 mother deceased for \_\_\_\_\_ years  
 father deceased for \_\_\_\_\_ years

**Describe childhood family experience:**  
 outstanding home environment  
 normal home environment  
 chaotic home environment  
 experienced/witnessed 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:**

Name	Age	Sex	Relationship to 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



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

**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) \_\_\_\_\_

Client's Name (Print): \_\_\_\_\_

Client Signature: \_\_\_\_\_

Date: \_\_\_\_\_