



Phone: 1-866-341-9488  
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E-mail: familyyouth1@gmail.com  
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25511 Budde Rd., Suite 1002  
Spring/The Woodlands, TX 77380

CLIENT NAME: \_\_\_\_\_ : DOB: \_\_\_\_\_ APPT. DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

THERAPIST NAME: \_\_\_\_\_ THERAPIST SIGNATURE: \_\_\_\_\_

### BIOPSYCHOSOCIAL HISTORY

#### PRESENTING PROBLEM[S]

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

#### EMOTIONAL/BEHAVIORAL PROBLEMS (check all that apply for client)

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> drug abuse      | <input type="checkbox"/> alcohol abuse          | <input type="checkbox"/> disobedient        | <input type="checkbox"/> repeats words of others |
| <input type="checkbox"/> assaults others | <input type="checkbox"/> chronic lying          | <input type="checkbox"/> not trustworthy    | <input type="checkbox"/> hostile/angry mood      |
| <input type="checkbox"/> fire-setting    | <input type="checkbox"/> animal cruelty         | <input type="checkbox"/> bizarre behavior   | <input type="checkbox"/> frequently tearful      |
| <input type="checkbox"/> stealing        | <input type="checkbox"/> violent temper         | <input type="checkbox"/> indecisive         | <input type="checkbox"/> hyperactive             |
| <input type="checkbox"/> immature        | <input type="checkbox"/> self-injurious threats | <input type="checkbox"/> lack of attachment | <input type="checkbox"/> frequent daydreams      |
| <input type="checkbox"/> distrustful     | <input type="checkbox"/> extreme worrier        | <input type="checkbox"/> breaks things      | <input type="checkbox"/> self-injurious acts     |
| <input type="checkbox"/> impulsive       | <input type="checkbox"/> easily distracted      | <input type="checkbox"/> poor concentration | <input type="checkbox"/> often sad               |
| <input type="checkbox"/> poor appetite   | <input type="checkbox"/> poor sleep             | <input type="checkbox"/> other _____        |  |

#### EMOTIONAL/PSYCHIATRIC HISTORY

No Yes

Prior outpatient psychotherapy? \_\_\_\_\_

Has any family member had treatment or been diagnosed for emotional or psychiatric problems?  
\_\_\_\_\_

Prior inpatient treatment for a psychiatric or emotional disorder?  
Location \_\_\_\_\_  
Date(s) \_\_\_\_\_

Summarize past emotional/psychiatric history relevant to current treatment:

\_\_\_\_\_  
\_\_\_\_\_

#### FOSTER CARE/CPS HISTORY (check all that apply for client)

- never in foster care or CPS custody
- investigation/involvement by CPS When?/Outcome? \_\_\_\_\_
- currently in foster/CPS custody for \_\_\_\_\_ months/years
- other pertinent information: \_\_\_\_\_

#### Parents' current marital status:

- |  |   |
|--|---|
| <input type="checkbox"/> married to each other for _____ year(s) | <input type="checkbox"/> cohabitating for _____ year(s) |
| <input type="checkbox"/> separated for _____ year(s)             | <input type="checkbox"/> divorced for _____ year(s)     |
| <input type="checkbox"/> mother never married                    | <input type="checkbox"/> other info on parent(s) _____  |



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**Adult client's current marital status:**

- currently married for \_\_\_\_\_ year(s)
- separated for \_\_\_\_\_ year(s)
- never married
- other info \_\_\_\_\_
- cohabitating for \_\_\_\_\_ year(s)
- divorced for \_\_\_\_\_ year(s)
- married to original spouse \_\_\_\_\_ year(s)

ASsess client's current living situation, including relationship with parents, relatives and siblings \_\_\_\_\_

**SUBSTANCE USE HISTORY** (check all that apply for client)

- never used drugs/alcohol/tobacco
- experimented with drugs/alcohol/tobacco
- currently using drugs/alcohol for \_\_\_\_\_ months/years.
- currently using tobacco for \_\_\_\_\_ months/years.

type	frequency	amount	drug of choice
Family alcohol/drug/tobacco abuse history: _____			

**MEDICAL HISTORY** (check all that apply for client)

Describe current physical health: Good Fair Poor \_\_\_\_\_

Medical problems/conditions \_\_\_\_\_

Current Medications \_\_\_\_\_

Current/Treating Physician(s) \_\_\_\_\_

Previous Medications \_\_\_\_\_

Allergies \_\_\_\_\_

Hospitalizations \_\_\_\_\_

Accidents \_\_\_\_\_

**Describe any serious hospitalizations or accidents:**

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

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

**DEVELOPMENTAL HISTORY** (check all that apply for client)

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

- sitting
- rolling over
- standing
- walking
- feeding self
- speaking sentences
- controlling bladder
- other: \_\_\_\_\_
- controlling bowels
- sleeping alone
- dressing self
- engaging peers
- tolerating separation
- riding tricycle
- riding bicycle
- ALL WITHIN NORMAL LIMITS
- speaking words
- playing cooperatively



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**SOCIO-ECONOMIC HISTORY** (check all that apply to client)

**Family financial situation:**

- no current financial problems
- large indebtedness
- poverty or below-poverty income
- impulsive spending
- financial situation unknown

**Social support system:**

- supportive network
- few friends
- friends are substance users/abusers
- no friends
- distant from family of origin

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

**Sexual history:**

- sexually active
- abstinent
- unknown
- other \_\_\_\_\_

**Social interaction:**

- normal social interaction
- isolates self
- very shy
- alienates self
- inappropriate sex play/sexual acting out
- dominates others
- associates with acting-out peers
- other \_\_\_\_\_

**EDUCATIONAL HISTORY:**

Regular Classes  Gifted & Talented  Special Education: Behavioral or Developmental  High School Grad.  Post High School

Current or highest education level: \_\_\_\_\_

Degree: \_\_\_\_\_

Educational Related Concerns: \_\_\_\_\_

Acting out behaviors at school: \_\_\_\_\_

**MILITARY HISTORY:**

Branch of Service \_\_\_\_\_  Active Duty  Retired  Discharged  Reserves

Current or highest rank attained: \_\_\_\_\_

Combat Experience: \_\_\_\_\_

Concerns/Stressors related to service: \_\_\_\_\_

**OCCUPATIONAL HISTORY:**

Currently Employed \_\_\_\_\_  Retired  Self Employed  Unemployed  Work at Home

Current or highest education level: \_\_\_\_\_

Work Performance: \_\_\_\_\_

Problems at Work: \_\_\_\_\_

**LEISURE/HOBBIES/ACTIVITIES:**

\_\_\_\_\_  
\_\_\_\_\_



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**MENTAL STATUS** (check all that apply for client)

- Orientation:     Time                     Person             Place
- Appearance:     Neat                     Unkempt             Bizarre
- Mood:             Relaxed                 Anxious             Fearful             Suspicious  
                           Depressed             Ashamed             Guilty             Irritable  
                           Angry                     Happy/Euphoric
- Affect:             Appropriate/Congruent     Inappropriate     Blunted             Flat  
                           Constricted             Expansive
- Thought Process:     Coherent                 Confused             Disorganized     Illogical  
                           Tangential             Flight of Ideas     Obsessive  
                           Delusional (explain) \_\_\_\_\_  
                           Hallucinating (explain) \_\_\_\_\_

Estimated Intelligence:     High             Average     Borderline     Low/MR

Insight:     Good     Limited     Poor     None

Judgment:     Good     Fair     Poor

**Risk Assessment:**

Suicidal:     Current             Ideation             Plan             Attempt(s)             No Current  
                           Past                 Ideation             Plan             Attempt(s)             No Past  
                          Please explain \_\_\_\_\_

Self-Injurious:     Current             Ideation             Plan             Attempt(s)             No Current  
                           Past                 Ideation             Plan             Attempt(s)             No Past  
                          Please explain \_\_\_\_\_

Homicidal:     Current             Ideation             Plan             Attempt(s)             No Current  
                           Past                 Ideation             Plan             Attempt(s)             No Past  
                          Please explain \_\_\_\_\_

Assaultive:     Current             Ideation             Plan             Attempt(s)             No Current  
                           Past                 Ideation             Plan             Attempt(s)             No Past  
                          Please explain \_\_\_\_\_

General Impression of risk to self or others \_\_\_\_\_

\_\_\_\_\_



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**SOURCES OF DATA PROVIDED BY:**

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

**DIAGNOSTIC IMPRESSION: \*Include DSM-V Numeric Codes**

- AXIS I: \_\_\_\_\_
- AXIS II: \_\_\_\_\_
- AXIS III: \_\_\_\_\_
- AXIS IV: \_\_\_\_\_
- AXIS V: \_\_\_\_\_

**RECOMMENDATIONS / COMMENTS / REFERRALS:**

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**EVALUATOR NAME & CREDENTIALS**

\_\_\_\_\_  
EVALUATOR SIGNATURE

\_\_\_\_\_  
Date/Time