

BIOPSYCHOSOCIAL HISTORY QUESTIONNAIRE

Name: _____ D.O B: _____

Address: _____ City: _____ Zip: _____

Best Phone#: _____ Gender: Male Female

Email: _____

Name and Phone # of Emergency Contact Person: _____

Briefly describe what problems you are most concerned with and/ or what you would like to accomplish: _____

What are two goals that you want to accomplish during therapy: _____

What are your symptoms? _____

What is the duration of your symptoms? _____

What is the intensity of your symptoms on a scale of 1 to 10? _____

Poor 1 2 3 4 5 6 7 8 9 10 Severe

Have you had difficulties / problems like this before? YES NO

If YES: When? _____ Did you seek treatment? YES NO

What seemed to help? _____

Who referred you here? _____

Strengths

What are 0your strengths, skills, abilities, and positive traits: _____

Current Family History:

Where were you born? _____ How long did you live there? _____

Children: (if any children are deceased, please note)

#1: _____ #2: _____

#3: _____ #4: _____

#5: _____ #6: _____

Marital Status: Single Married Divorced Widowed In a relationship

Do you have a spouse or partner? YES NO

How long have you been with your current partner? _____

Your partner's name: _____ Age _____ Do you live with them? YES NO

Rate your satisfaction with your marriage/ relationship(s) on a scale of 1 to 7? _____

Poor 1 2 3 4 5 6 7 Excellent

Parents: Is your Father living? _____ Where does your father live? _____

Is your Mother Living? _____ Where does your mother live? _____

Are your parents divorced? _____ If yes, your age at the time? _____

If parents are deceased, what year? _____ Your age at the time? _____

Cause of death: _____

Any stepparents? _____ If yes, please briefly describe your relationship with them: _____

Siblings: (if any siblings are deceased, please note)

#1: _____ #2: _____

#3: _____ #4: _____

#5: _____ #6: _____

Past/Current Family History:

Family history of alcoholism? _____ Family history of Domestic Violence? _____

Family addictions? _____ Family history of drug use of any kind? _____

If raised by someone other than your birth parents, describe the situation briefly: _____

Briefly describe your childhood growing up: _____

Please briefly describe your relationship with your parents growing up: _____

Do you know of any traumatic events while growing up? _____

If yes, please describe: _____

Did you experience physical, sexual, or emotional abuse or neglect growing up? _____

If so please describe: _____

Please tell any additional information you feel is important regarding you family history: _____

MEDICAL HISTROY: Do any family members have a history of mental illness or problems with alcohol or drug use?

Family Member(S)	YES	NO	DESCRIBE:
Mother			
Father			
Siblings			
Stepparents			
Aunts/ Uncles			
Grandparents			
Children			
Spouse/ partner			

How is your general Health: _____

Are you now under a doctor's care: _____ If yes, Name: _____

Date of last medical exam: _____ Do you have any allergies: _____

Are you taking any medications/supplements, please list: _____

Have you ever been hospitalized for a physical/ Mental illness: _____

If yes, please describe: _____

Do you smoke? _____ If yes, how much & for how long? _____

Do you take any drugs? _____ If yes, what kind, how much & how long? _____

Do you drink any alcoholic beverages? _____ If so how much & for how long? _____

SPIRITUAL/ SOCIAL HISTORY:

Religious up-bring: _____ Present affiliation: _____

Is this an important part of your life? _____ Please describe why or why not: _____

Who do you turn to for support? _____

What do you do in your spare time? _____

Which children are living with you? _____

Are you involved in any social group or volunteer? _____

EMOTIONAL STATUS:

Are you currently experiencing any strong emotions? _____

If yes, please describe: _____

Have you had any thoughts of suicide? _____ If yes, When? _____

Do you have any thoughts of suicide or self-harm? _____ If yes, When? _____

WORK HISTORY

Current or former occupation: _____

Retired? YES/NO What year? _____ Normal circumstances? _____

If no, please describe reason for retirement: _____

Personal Agreements

I understand that I may be asked to do certain “homework exercises” **such** as reading, praying, changing behaviors and otherwise acting in my own best interest. I understand that I am responsible for my own actions and I will always make my own final decision regarding counseling.

I further understand that much of the work done will be to resolve issues and will depend on my honesty and willingness to do the things I need to do to move forward even if it is painful and difficult.

I understand that whatever I say in a session is strictly confidential and will not be released to anyone without my consent unless I am violating codes of abuse, harm to myself or others.

I understand that I will pay in full for appointments not canceled within a 24 hour notice.

Patient/ Responsible Party Signature

Date

Printed Name

Relation if not patient