

Client Name: _____

Date: _____

CHILD-ADOLESCENT BPSS HISTORY

CLIENT INFORMATION

Client Name _____

First Appointment Date _____

Birthdate _____ Age _____ Gender _____ Race _____

Marital Status _____

Religion _____

Address _____

City _____ State _____ Zip _____

Mother: _____ Father: _____

Mother's Spiritual Background: _____ Father's Spiritual Background: _____

Mother's Employer: _____ Father's Employer: _____

Mother's Cell Phone: _____ Father's Cell Phone: _____

Mother's Work Phone: _____ Father's Work Phone: _____

Mother's Email: _____ Father's Email: _____

Are parents divorced or separated? Yes _____ No _____ If divorced, how old was the client when divorced? _____

Who has custody? _____ Was client adopted? Yes _____ No _____

Client's Cell Phone: _____ Client's Email: _____

Rate the child's stress level at home(s) overall: None _____ Low _____ Medium _____ High _____ Very High _____

How did you find out about us? Internet _____ Friend _____ Health Provider _____ Doctor _____ Other _____

Will you need us to speak with any other professionals about the client? No _____ Yes _____

If so, please provide their: Name _____

Address _____

Phone: _____ Email: _____

Client Name: _____

Date: _____

PRESENTING ISSUES

Presenting issues:

My main goal for therapy is:

SPIRITUAL BACKGROUND

Is the client spiritual?

Yes___ No___ Somewhat___

If 'Yes' is there a religious orientation?

Yes___ No___

What religious orientation(s) does the client identify with?

- Catholicism
- Christianity
- Islam
- Judaism
- Agnosticism
- Atheism
- Buddhism
- Hinduism
- Baha'ism
- Sikhism
- Monotheism
- Polytheism
- Other (please share) _____

Would the client say they are religious?

Yes___ No___ Somewhat___

Is their spiritual background important to discuss/ utilize in therapy?

Yes___ No___ Maybe___

(If applicable), what is ailing their spirit from being at peace or reaching its potential?

Client Name: _____

Date: _____

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	[]	[]	[]	[]
elimination disturbance	[]	[]	[]	[]	paranoid ideation	[]	[]	[]	[]	dissociative states	[]	[]	[]	[]
fatigue/low energy	[]	[]	[]	[]	circumstantial symptoms	[]	[]	[]	[]	somatic complaints	[]	[]	[]	[]
psychomotor retardation	[]	[]	[]	[]	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	[]	[]	[]	[]	emotional trauma perpetrator	[]	[]	[]	[]
generalized anxiety	[]	[]	[]	[]	grief	[]	[]	[]	[]	physical trauma perpetrator	[]	[]	[]	[]
panic attacks	[]	[]	[]	[]	hopelessness	[]	[]	[]	[]	sexual trauma perpetrator	[]	[]	[]	[]
phobias	[]	[]	[]	[]	social isolation	[]	[]	[]	[]	substance abuse	[]	[]	[]	[]
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

Client Name: _____

Date: _____

FAMILY HISTORY
FAMILY OF ORIGIN

Present during childhood:

	Present entire childhood	Present part of childhood	Not present at all
mother	[]	[]	[]
father	[]	[]	[]
stepmother	[]	[]	[]
stepfather	[]	[]	[]
brother(s)	[]	[]	[]
sister(s)	[]	[]	[]
other (specify)	[]	[]	[]

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 client at mother's death ___
 [] father deceased for ___ years
 age of client at father's death ___

Describe parents:

Father	Mother
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 client's household:

Name	Age	Sex	Relationship to client
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List children not living in same household as client:

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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: _____

Describe quality of friendships with people outside the family:

Client Name: _____

Date: _____

MEDICAL HISTORY (check all that apply for client)

Describe current physical health: Good Fair Poor

List name of primary care physician:

Name _____ Phone _____

List name of psychiatrist: (if any):

Name _____ Phone _____

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

List any known allergies: _____

List any abnormal lab test results:

Date _____ Result _____
Date _____ Result _____

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

- tuberculosis heart disease
- birth defects high blood pressure
- emotional problems alcoholism
- behavior problems drug abuse
- thyroid problems diabetes
- cancer Alzheimer's disease/dementia
- mental retardation stroke
- other chronic or serious health problems _____

Describe any serious hospitalization or accidents:

Date _____ Age _____ Reason _____
 Date _____ Age _____ Reason _____
 Date: _____ Age _____ Reason _____

SUBSTANCE USE HISTORY (check all that apply for client)

Family alcohol/drug abuse history:

- father stepparent/live-in
- mother uncle(s)/aunt(s)
- grandparent(s) spouse/significant other
- sibling(s) children
- other _____

Substance use status:

- no history of abuse
- active abuse
- early full remission
- early partial remission
- sustained full remission
- sustained partial remission

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 _____

First use age	Last use age	Current Use	
		(Yes/No)	Frequency Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 _____

Client Name: _____

Date: _____

DEVELOPMENTAL HISTORY (check all that apply for a child/adolescent client)

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
- rolling over
- standing
- walking
- feeding self
- speaking words
- speaking sentences
- controlling bladder
- other _____
- controlling bowels
- sleeping alone
- dressing self
- engaging peers
- tolerating separation
- playing cooperatively
- riding tricycle
- riding bicycle

Emotional / behavior problems (check all that apply):

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

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:

Client Name: _____

Date: _____

SOCIO-ECONOMIC HISTORY (check all that apply for client)

Living situation:

- housing adequate
- homeless
- housing overcrowded
- dependent on others for housing
- housing dangerous/deteriorating
- living companions dysfunctional

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

Social support system:

- supportive network
- few friends
- substance-use-based friends
- no friends
- distant from family of origin

Military history:

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

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: _____

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: _____

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: _____