

TRANSFORMATIVE LIFE CENTER

TRANSFORMATIVE LIFE CENTER, LLC.

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 | [] | [] | [] | [] |
| 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?

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

FAMILY HISTORY
FAMILY OF ORIGIN

Present during childhood:

| | | | |
|-----------------|--------------------------------|---------------------------------|--------------------------|
| | Present entire childhood | Present part of childhood | Not present at all |
| mother | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| father | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| stepmother | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| stepfather | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| brother(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| sister(s) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| other (specify) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

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 patient at mother's death ___
- father deceased for ___ years
age of patient 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 patient's household:

| Name | Age | Sex | Relationship to patient |
|-------|-------|-------|-------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

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: _____

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 |

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List any medications currently being taken (give dosage & reason): _____ [] other chronic or serious health problems _____

List any known allergies: _____

List any abnormal lab test results:

Date _____ Result _____
Date _____ Result _____

Describe any serious hospitalization or accidents:

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

SUBSTANCE USE HISTORY (check all that apply for patient)

Family alcohol/drug abuse history:

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

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 _____

Current Use

| First use age | Last use age | (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:

- [] 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 _____

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

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.

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

Infancy:

- [] feeding problems
[] sleep problems
[] toilet training problems

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

- [] sitting [] controlling bowels
[] rolling over [] sleeping alone
[] standing [] dressing self

Emotional / behavior problems (check all that apply):

- [] drug use [] repeats words of others [] distrustful
[] alcohol abuse [] not trustworthy [] extreme worrier
[] chronic lying [] hostile/angry mood [] self-injurious acts
[] stealing [] indecisive [] impulsive

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- | | | | | |
|----------------------------------------------|------------------------------------------------|---------------------------------------------|-------------------------------------------------|---------------------------------------------|
| <input type="checkbox"/> walking | <input type="checkbox"/> engaging peers | <input type="checkbox"/> violent temper | <input type="checkbox"/> immature | <input type="checkbox"/> easily distracted |
| <input type="checkbox"/> feeding self | <input type="checkbox"/> tolerating separation | <input type="checkbox"/> fire-setting | <input type="checkbox"/> bizarre behavior | <input type="checkbox"/> poor concentration |
| <input type="checkbox"/> speaking words | <input type="checkbox"/> playing cooperatively | <input type="checkbox"/> hyperactive | <input type="checkbox"/> self-injurious threats | <input type="checkbox"/> often sad |
| <input type="checkbox"/> speaking sentences | <input type="checkbox"/> riding tricycle | <input type="checkbox"/> animal cruelty | <input type="checkbox"/> frequently tearful | <input type="checkbox"/> breaks things |
| <input type="checkbox"/> controlling bladder | <input type="checkbox"/> riding bicycle | <input type="checkbox"/> assaults others | <input type="checkbox"/> frequently daydreams | <input type="checkbox"/> other _____ |
| <input type="checkbox"/> other _____ | <input type="checkbox"/> disobedient | <input type="checkbox"/> lack of attachment | _____ | _____ |

Social interaction (check all that apply):

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

Intellectual / academic functioning (check all that apply):

- normal intelligence authority conflicts mild retardation
 high intelligence attention problems moderate retardation
 learning problems underachieving 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 currently sexually dissatisfied
 homosexual orientation age first sex experience _____
 bisexual orientation age first pregnancy/fatherhood ____
 currently sexually active history of promiscuity age ___ to ___
 currently sexually satisfied 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) _____