Brio Neurobehavioral Consultants
Adult & Pediatric Psychiatry

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Patient name _____ **Date of Birth** _____ **Age** _____ **Date** _____

MEDICAL/PSYCHIATRIC HISTORY

(Patient Self Report)

CURRENT PROBLEMS

Current 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	[ ]	[ ]	[ ]	[ ]	euphoric mood	[ ]	[ ]	[ ]	[ ]	hallucinations	[ ]	[ ]	[ ]	[ ]
appetite disturbance	[ ]	[ ]	[ ]	[ ]	mood swings	[ ]	[ ]	[ ]	[ ]	paranoid ideation	[ ]	[ ]	[ ]	[ ]
sleep disturbance	[ ]	[ ]	[ ]	[ ]	irritability	[ ]	[ ]	[ ]	[ ]	delusions	[ ]	[ ]	[ ]	[ ]
social isolation	[ ]	[ ]	[ ]	[ ]	hyperactivity	[ ]	[ ]	[ ]	[ ]	bingeing/purging	[ ]	[ ]	[ ]	[ ]
fatigue/low energy	[ ]	[ ]	[ ]	[ ]	racing thoughts	[ ]	[ ]	[ ]	[ ]	anorexia	[ ]	[ ]	[ ]	[ ]
psychomotor retardation	[ ]	[ ]	[ ]	[ ]	poor concentrations	[ ]	[ ]	[ ]	[ ]	self-mutilation	[ ]	[ ]	[ ]	[ ]
lack of interest	[ ]	[ ]	[ ]	[ ]	aggressive behaviors	[ ]	[ ]	[ ]	[ ]	significant weight gain/loss	[ ]	[ ]	[ ]	[ ]
poor grooming	[ ]	[ ]	[ ]	[ ]	oppositional behavior	[ ]	[ ]	[ ]	[ ]	laxative/diuretic abuse	[ ]	[ ]	[ ]	[ ]
guilt	[ ]	[ ]	[ ]	[ ]	panic attacks	[ ]	[ ]	[ ]	[ ]	substance abuse	[ ]	[ ]	[ ]	[ ]
hopelessness	[ ]	[ ]	[ ]	[ ]	anxiety	[ ]	[ ]	[ ]	[ ]	other _____	[ ]	[ ]	[ ]	[ ]
grief	[ ]	[ ]	[ ]	[ ]	phobias	[ ]	[ ]	[ ]	[ ]	_____	[ ]	[ ]	[ ]	[ ]
sexual dysfunction	[ ]	[ ]	[ ]	[ ]	obsessions/compulsions	[ ]	[ ]	[ ]	[ ]	_____	[ ]	[ ]	[ ]	[ ]
worthlessness	[ ]	[ ]	[ ]	[ ]	nightmares	[ ]	[ ]	[ ]	[ ]	_____	[ ]	[ ]	[ ]	[ ]

EMOTIONAL/PSYCHIATRIC HISTORY

[ ] [ ] Prior outpatient psychotherapy or counseling?

No Yes If yes, on _____occasions. Longest treatment by _____ for ____ sessions from ____/_____ to _____/_____
Provider Name Month/Year Month/Year

Prior provider name	City	Diagnosis	Intervention/Modality	Beneficial?

[ ] [ ] Prior hospitalization for a psychiatric or addiction problem?

No Yes If yes, on _____occasions. Most recent treatment at _____ from ___/_____ to _____/_____
Name of facility Month/Year Month/Year

Your prior psychiatric diagnoses: _____

_____

[ ] [ ] **Has any family member been treated for psychiatric, emotional, or substance use disorder?**
No Yes

Family Member	Diagnosis	Type of treatment (medication name, counseling)

Your current psychiatric medications

Medication Name	Dosage	Frequency	Start date	Side effects	Beneficial?

Your past psychiatric medication usage

Medication Name	Dosage	Frequency	Start Date	End Date	Side effects	Beneficial?

Previous suicide attempts or self-injurious behaviors (describe type; date; severity)**:**_____

_____

_____

FAMILY HISTORY

Present during childhood:

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

Parents' current status:

[ ] married to each other
[ ] separated for ___ years
[ ] divorced for ___ years
[ ] mother remarried ___ times
[ ] father remarried ___ times
[ ] mother deceased
[ ] father deceased

Describe childhood family experience:

[ ] outstanding home environment
[ ] normal home environment
[ ] chaotic home environment
[ ] physical/verbal/sexual abuse witness
[ ] physical/verbal/sexual abuse victim

Age at time of leaving home: _____ **Circumstances:** _____

_____

_____

Special circumstances or abuse suffered in childhood:_____

_____

_____

Current Family

Marital status:
[ ] single, never married
[ ] engaged
[ ] married for ____ years
[ ] divorced for ___ years
[ ] ___ prior marriages (self)

Relationship satisfaction:
[ ] very satisfied with relationship
[ ] satisfied with relationship
[ ] dissatisfied with relationship
[ ] not currently in relationship

List all persons currently living in your household:

Name	Age	Sex	Relationship to patient

List children <u>not</u> living in your household:

Describe any past or current significant issues in <u>intimate</u> relationships: _____

Describe any past or current significant issues in other <u>immediate family</u> relationships: _____

MEDICAL HISTORY

Your current medical problems:

_____

_____

List any known allergies: _____

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

_____

_____

_____

Past Surgeries: _____

Is there a history of any of the following in the family:
[ ] tuberculosis
[ ] birth defects
[ ] emotional problems
[ ] behavior problems
[ ] thyroid problems
[ ] cancer
[ ] mental retardation
[ ] heart disease
[ ] high blood pressure
[ ] alcoholism
[ ] drug abuse
[ ] diabetes
[ ] Alzheimer's disease/dementia
[ ] stroke
[ ] other chronic or serious health problems _____

Describe any serious medical hospitalization or accidents:
Date _____ Age _____ Reason _____
Date _____ Age _____ Reason _____

DEVELOPMENTAL HISTORY

Problems during mother's pregnancy:
[ ] none
[ ] high blood pressure
[ ] drug use
[ ] German measles
[ ] emotional stress
[ ] cigarette use
[ ] alcohol use

Birth:
[ ] normal delivery
[ ] cesarean delivery
[ ] complications _____

_____

Infancy:
[ ] toilet training problems
[ ] sleep problems
[ ] feeding problems

Childhood health:
[ ] chickenpox (age _____)
[ ] ear infections
[ ] whooping cough (age _____)
[ ] rheumatic fever (age _____)
[ ] pneumonia (age
[ ] scarlet fever (age _____)
[ ] significant injuries _____
[ ] allergies to Vaccine _____
[ ] lead poising (age _____)
[ ] mumps (age _____)
[ ] diphtheria (age _____)
[ ] polios (age _____)
[ ] asthma
[ ] tuberculosis (age _____)

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

[ ] sitting
[ ] speaking words
[ ] playing cooperatively
[ ] walking
[ ] feeding self
[ ] controlling bowels
[ ] controlling bladder
[ ] dressing self
[ ] riding bicycle
[ ] tolerating separation

Childhood/adolescent emotional and behavior problems:

[ ] drug use
[ ] alcohol abuse
[ ] chronic lying
[ ] stealing
[ ] violent temper
[ ] fire-setting
[ ] breaks things
[ ] disobedient
[ ] not trustworthy
[ ] hostile/angry mood
[ ] hyperactive
[ ] immature
[ ] assaults others
[ ] animal cruelty
[ ] distrustful
[ ] extreme worrier
[ ] frequently daydreams
[ ] impulsive
[ ] easily distracted
[ ] poor concentration
[ ] often sad/tearful

Social interaction:

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

Intellectual / academic functioning:

[ ] normal intelligence
[ ] high intelligence
[ ] learning problems
[ ] authority conflicts
[ ] attention problems
[ ] underachieving
[ ] mild retardation
[ ] moderate retardation
[ ] severe retardation

Current or highest education level _____ **Degrees/GED:** _____

Describe any other developmental problems or issues: _____

_____

SUBSTANCE USE HISTORY

Family alcohol/drug abuse history:

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

Personal substances used/abused:

(complete all that apply)	First use age	Last use age	Current Use (Yes/No)	Frequency	Amount
[ ] alcohol					
[ ] amphetamines/speed					
[ ] Cannabis/MJ/THC					
[ ] heroin/opiates/pain meds					
[ ] cocaine					
[ ] crack cocaine					
[ ] nicotine/cigarettes					
[ ] inhalants (e.g., glue, gas)					
[ ] other					

Personal treatment history:

[ ] outpatient (age[s]_____
[ ] inpatient (age[s]_____
[ ] 12-step program (age[s]_____
[ ] stopped on own (age[s]_____
[ ] other (age[s]_____

Consequences of substance abuse (check all that apply):

[ ] hangovers
[ ] seizures
[ ] blackouts
[ ] overdose
[ ] withdrawal symptoms
[ ] medical conditions
[ ] tolerance changes
[ ] loss of control amount used
[ ] sleep disturbance
[ ] assaults
[ ] suicidal impulse
[ ] relationship conflicts
[ ] binges
[ ] job loss
[ ] arrests
[ ] other _____

SOCIO-ECONOMIC HISTORY

Current living situation:

[ ] housing adequate
[ ] homeless
[ ] housing overcrowded
[ ] dependent on others for housing

Social support system:

[ ] supportive network
[ ] few friends
[ ] distant from family of origin
[ ] no friends

Sexual history:

[ ] heterosexual orientation
[ ] homosexual orientation
[ ] bisexual orientation
[ ] currently sexually dissatisfied
[ ] age first sex experience _____
[ ] age first pregnancy/fatherhood ___
Additional information: _____

Employment:

[ ] disabled:
[ ] employed and satisfied
[ ] employed but dissatisfied
[ ] unemployed
[ ] supervisor conflicts
[ ] coworker conflicts

Military history:

[ ] never in military
[ ] served in military

Cultural/spiritual history:

ethnicity (e.g., Hispanic, Caucasian): _____
religious identity: _____
currently 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:

[ ] relationship conflicts over finances
[ ] impulsive spending
[ ] poverty or below-poverty income
[ ] no current financial problems
[ ] large indebtedness

Legal history:

[ ] no legal problems
[ ] court ordered this treatment
[ ] arrest(s) not substance-related
[ ] arrest(s) substance-related
[ ] jail/prison _____ time(s)
total time served: _____
[ ] now on parole/probation