BIOPSYCHOSOCIAL HISTORY FORM

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This form will assist in getting needed information about you quickly. Spelling and neatness don't matter!
(If you don't complete the form and mail or bring with you next session, it can slow down and complicate accurate services)

Name:_____ Age:_____

What are your current reasons for seeking services? (Problems, needs, goals, or whatever!)

Have you (or family) had any similar problems like these in the past? (If so, please tell me more!)

What is your present situation and history with work and / or school? (Problems *or* Assets!!)

What is your present situation with immediate family? (Spouse, other, children, parents, siblings, etc.)

What is your present situation with friends, acquaintances, and social contacts, hobbies, etc.?

What are your current medical problems, medications and significant medical history / meds?

How were you raised? What was your home and family like? What good and bad things happened?

Is there any present or past problems with prescription drugs or alcohol, illegal drug use, or gambling?

Anything else that might be important or helpful in understanding your current problem?