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Patient name \_\_\_\_\_

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

**Prior psychiatric diagnoses:** \_\_\_\_\_

**Has any family member had inpatient treatment for a 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	<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"/>

**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 not living in your household:

_____	___	___	_____
_____	___	___	_____
_____	___	___	_____

Describe any past or current significant issues in intimate relationships: \_\_\_\_\_

Describe any past or current significant issues in other immediate family 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
- cancer
- mental retardation
- other chronic or serious health problems \_\_\_\_\_
- heart disease
- high blood pressure
- alcoholism
- drug abuse
- thyroid problems
- Alzheimer's disease/dementia
- stroke
- diabetes

### 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 \_\_\_\_\_
- lead poisoning (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
- disobedient
- not trustworthy
- hostile/angry mood
- hyperactive
- immature
- assaults others
- distrustful
- extreme worrier
- frequently daydreams
- impulsive
- easily distracted
- poor concentration

[ ] breaks things [ ] animal cruelty [ ] often sad/tearful

**Social interaction:**

**Intellectual / academic functioning:**

- [ ] normal social interaction [ ] inappropriate sex play [ ] normal intelligence [ ] authority conflicts [ ] mild retardation
- [ ] isolates self [ ] dominates others [ ] high intelligence [ ] attention problems [ ] moderate retardation
- [ ] very shy [ ] associates with acting-out peers [ ] learning problems [ ] underachieving [ ] severe retardation
- [ ] alienates self [ ] other \_\_\_\_\_

**Current or highest education level** \_\_\_\_\_

**Degrees/GED:** \_\_\_\_\_

**Describe any other developmental problems or issues:** \_\_\_\_\_

**SUBSTANCE USE HISTORY**

**Family alcohol/drug abuse history:**

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

**Personal substances used/abused:**

(complete all that apply)

- [ ] alcohol
- [ ] amphetamines/speed
- [ ] Cannabis/MJ/THC
- [ ] caffeine
- [ ] cocaine
- [ ] crack cocaine
- [ ] nicotine/cigarettes
- [ ] inhalants (e.g., glue, gas)
- [ ] other \_\_\_\_\_

**Current Use**

(Yes/No) Frequency Amount

(Yes/No)	Frequency	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**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 [ ] 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 \_\_\_\_\_

**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 [ ] currently sexually dissatisfied
- [ ] homosexual orientation [ ] age first sex experience \_\_\_\_\_
- [ ] bisexual orientation [ ] 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