

**HISTORY INTERVIEW**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Gender: M F

Today's Date: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

What are your main concerns? What are your main reasons for finding a psychologist? Give examples.

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What are some of your strengths, aptitudes, abilities, etc.

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**MEDICAL HISTORY**

**Early Development**

Did your mother have any medical problems or physical difficulties while pregnant with you?

**No**    **If yes, what?** \_\_\_\_\_

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Did your mother have any substance use (smoking, alcohol, caffeine, drugs) problems while pregnant with you?

**No**    **If yes, what?** \_\_\_\_\_

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Anything else unusual about your mother's pregnancy: \_\_\_\_\_

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Circle any of the following that happened at the time of your birth:

**Fetal distress**    **Low birth weight (less than 5 lbs or 2000 grams)**    **Breech birth with forceps delivery**

**Staying in hospital longer than expected**    **Anoxia (lack of oxygen, blue baby)**

Anything else unusual about your delivery: \_\_\_\_\_

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Did you show any delays in talking, walking, or other motor skills (riding a bike, tying shoes, etc.) as a baby or child?

**No**    **If yes, what was delayed?** \_\_\_\_\_

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Current medications?

Medication and dose	For what problems	Prescribing physician	When prescribed

Notes regarding medications: \_\_\_\_\_

Medical Hospitalizations?

When	Where	Reason	Outcome

Head injuries?

When	How	Loss of Consciousness?	Outcome

Do you have difficulty falling asleep at night, wake up during the night, or awaken too early? Yes No

If Yes, how long has this been going on? \_\_\_\_\_

Do you experience daytime tiredness? Yes No If yes, how long has this been going on? \_\_\_\_\_

Average time falling asleep on weeknights? \_\_\_\_\_ on weekends? \_\_\_\_\_

Average time waking up on weekdays? \_\_\_\_\_ on weekends? \_\_\_\_\_

Circle the following you have experienced, and complete the chart for those items.

Incident	When	Current status
Hyper or hypothyroidism / Thyroid problems		
Seizures / Epilepsy		
Fainting spells / Blackouts		
Ear infections		
Menopause / Hormonal imbalance		
Hearing or vision problems		
Heart disease		
Diabetes		
Migraines		
Encephalitis		
Asthma		
Other:		

Date of last physical exam: \_\_\_\_\_



## SOCIAL HISTORY

### Family

Adopted? No      Yes, at age: \_\_\_\_\_

Who lived in your home growing up? List the names and current ages? \_\_\_\_\_

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### *Parent Information*

	<b>Female Caretaker</b>	<b>Male Caretaker</b>
<b>Type of work each caregiver did while you were growing up</b>		
<b>What was your relationship like with each caretaker?</b>		
<b>Brief description of each caregiver's personality (e.g., caring, abusive, frequently angry, worried too much, got along with everybody, etc.)</b>		
<b>Medical problems</b>		
<b>Diagnosed psychiatric problems including hospitalizations</b>		
<b>Describe mental/emotional problems that you noticed but were not formally diagnosed</b>		

**Childhood Environment**

In what type of area did you live?

**Inner-city      Suburban      Rural**

Family income when you were growing up?

**Upper class      Upper-middle class      Middle class      Lower-middle class      Lower class**

How many times did you move homes prior to age 18? \_\_\_\_\_ Name the different places you lived and how old you were: \_\_\_\_\_

Did you experience the following as a child or adolescent? (circle)

**Loss or separation from a loved one      Change in caregivers      Neglect      Poor diet**

**Exposed to pornographic materials in the home      Witnessed violence in the family**

**Extreme family stress      Economic/financial stress      Exposure to heavy metals**

Sexual, physical, or emotional abuse?

**When      General description      Outcome**

Explain any other traumas that you experienced during childhood: \_\_\_\_\_

**Temperament/Personality**

For each of the descriptors, circle the level that would best describe you as a child and adolescent:

	<b>Very Low</b>	<b>A little low</b>	<b>Medium</b>	<b>A little high</b>	<b>Very High</b>
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>
<b>1. Activity level</b>	1	2	3	4	5
<b>2. Distractible</b>	1	2	3	4	5
<b>3. Impulsive</b>	1	2	3	4	5
<b>4. Frustrated</b>	1	2	3	4	5
<b>5. Irritable</b>	1	2	3	4	5
<b>6. Shy/Cautious</b>	1	2	3	4	5
<b>7. Worried</b>	1	2	3	4	5
<b>8. Sad</b>	1	2	3	4	5

For each of the descriptors, circle the level that would best describe you as an adult:

	<b>Very Low</b> <b>1</b>	<b>A little low</b> <b>2</b>	<b>Medium</b> <b>3</b>	<b>A little high</b> <b>4</b>	<b>Very High</b> <b>5</b>
1. Open to trying new things	1	2	3	4	5
2. Conscientious/Responsible	1	2	3	4	5
3. Extroverted/Outgoing	1	2	3	4	5
4. Agreeable/Easy going	1	2	3	4	5
5. Concerned/Uptight	1	2	3	4	5

What other words or phrases described you at the following stages:

**Child/Adolescent:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Adult:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Relationships**

Did you have friends growing up... at school? **Y** **N** outside of school? **Y** **N**

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Regarding social maturity (interest in socializing, interest in dating, liking things other people your age liked, preferring the company of people your age, taking on responsibilities similar to others your age), were you delayed in this area? **No** **If yes, explain?** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

How many friends do you have now that you see on a regular social basis? \_\_\_\_\_

How often do you talk to or see these friends? \_\_\_\_\_

How many romantic relationships have you been in since high school? \_\_\_\_\_

Have you noticed a common trend that seems to lead to the end of your friendships or romantic relationships?  
 \_\_\_\_\_  
 \_\_\_\_\_

Complete the chart regarding marriage.

<b>Spouse's name</b>	<b>Dates</b>	<b>Why/how it ended?</b>
1 <sup>st</sup>	_____	_____
2 <sup>nd</sup>	_____	_____
3 <sup>rd</sup>	_____	_____

Who currently lives in your home with you?

Relationship	Name	Current age

Do you have biological children living away from you? **Y** **N**

Give names and current ages. \_\_\_\_\_

**PSYCHIATRIC / PSYCHOLOGICAL HISTORY**

List counselors, psychologists, or psychiatrists you have seen in the past for any reason including testing or hospitalizations:

	Provider 1	Provider 2	Provider 3	Provider 4
<b>Age started</b>				
<b>Age stopped</b>				
<b>Problems</b>				
<b>Type of professional</b>				
<b>How often?</b>				
<b>Results</b>				
<b>Why Stopped?</b>				

(continued)

	Provider 5	Provider 6	Provider 7	Provider 8
<b>Age started</b>				
<b>Age stopped</b>				
<b>Problems</b>				
<b>Type of professional</b>				
<b>How often?</b>				
<b>Results</b>				
<b>Why Stopped?</b>				

List any psychiatric medications you have taken in the past:





Have you had a time when you've felt a distinct period of abnormally and persistently elevated, expansive, or irritable mood? **Y N**

If Yes, did it last for at least a week or were you hospitalized for it? **Y N**

If Yes, circle any of the following that you experienced during this time: **inflated self-esteem or grandiosity; decreased need for sleep; more talkative than usual; racing thoughts or ideas; distractibility; increase in goal-directed activity at work, socially, at school, or sexually; engage in risky behaviors (e.g., buying sprees, sexual indiscretions, foolish business deals)**

Have you felt excessive anxiety and worry (apprehensive expectation), occurring more days than not about a number of events or activities (such as work or school performance)? **Y N**

If Yes, has this been going on for at least 6 months? **Y N**

If Yes, circle any of the following that you experienced during this time: **restlessness or feeling keyed up or on edge; being easily fatigued; difficulty concentrating or mind going blank; irritability; muscle tension; sleep disturbance?**

**Substance Use**

Do you use any of the following substances?

Substance	Yes or No	Age of 1 <sup>st</sup> Use	Age of Last Use	Age of Heaviest Use	Heaviest Use (amt/day)	Current Usage (amt/day)
Alcohol	Y N					
Cigarettes	Y N					
Caffeinated Drinks	Y N					

Did you smoke cigarettes during pregnancy? **Y N N/A**      drink alcohol during pregnancy? **Y N N/A**

What illegal substances have you used?

Substance	1 <sup>st</sup> Used (age)	Last Used (age)	Heaviest Use (age)	Heaviest Use (amt/day)	Current Use (amt/day)

Have you ever been in trouble with the law? **Y N**

<b>When</b>	<b>Why</b>	<b>Outcome</b>

How many driving violations have you had? \_\_\_\_\_ How many auto accidents while you were driving? \_\_\_\_\_

## FAMILY PSYCHIATRIC / PSYCHOLOGICAL HISTORY

Read the list of diagnoses in the first column. If you suspect a blood relative as having the diagnosis, write in that person's relationship to the patient in the middle column. In the last column, tell if it was a formal diagnosis by a qualified professional or if you just suspect the person as having the disorder.

	<b>Relationship to patient (e.g., brother, mother, maternal aunt, etc.). List more than one person if applicable.</b>	<b>Formally diagnosed by a qualified professional? Write <i>YES</i> or <i>NO</i>, and list symptoms you noticed or heard about.</b>
<b>ADD or ADHD</b>		
<b>Oppositional defiant disorder or conduct disorder (rule- breaking behavior)</b>		
<b>Depressive disorder</b>		
<b>Bipolar disorder (manic depression)</b>		
<b>Anxiety disorder</b>		
<b>Alcohol or drug abuse</b>		
<b>Learning disability</b>		
<b>Schizophrenia or other psychotic disorder</b>		