



CAPS

Child & Adolescent Psychiatric Solutions

Social History

Patient Name _____ Date of birth _____ Today's date _____

Please include a short synopsis of what brings you in today and when these problems started:

Previous Psychiatric History:

- Previous Psychiatrist _____
- Previous Therapist _____
- Current Therapist _____
- Wrap around services _____
- Family based services _____
- Previous Hospitalizations _____
- Partial Hospitalizations _____
- Out of home placements _____

PCP _____

Pharmacy _____

Allergies _____

Previous Medication Trials – please list type, dosing, dates, and reason it was discontinued.

Medication: _____

Medication: _____

Medication: _____

Medical History (current problems – hospitalizations, surgeries, etc.)

Family history – please include medical and psychiatric, as well as history of medications

Maternal:

Paternal:



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Marital Status _____ Lives at home with _____

Children _____

Custody Arrangement _____

Occupation _____ Religion/Spirituality _____

Highest Level of Education _____

History of schools attended (K-12) _____

College/trade school _____

IEP or 504? Any school accommodations? _____

Average GPA/school performance: _____

Have you ever had to repeat a grade? Which? _____

History of abuse or domestic violence _____ CYF involvement _____

How many alcoholic drinks per week? _____ Per month? _____ Drug use per month? _____

Previous/discontinued alcohol or drug use? _____

Caffeine use per day? _____

Developmental History

How many weeks at delivery? _____

Routine prenatal care? _____

Birth weight _____

Any complications after birth? _____

On time for developmental milestones?

- walking _____
- talking _____
- toilet trained _____

Any history of accidents? Bedwetting? _____