

**Becky Nickol, NCC, LMHC**

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**Adult Biopsychosocial Assessment**

**General Information**

Date: \_\_\_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Full Name: \_\_\_\_\_

Name you prefer to be called: \_\_\_\_\_

Address: \_\_\_\_\_

Mailing address if different from above:

\_\_\_\_\_

Race: White \_\_\_\_\_ Black \_\_\_\_\_ American Indian/Alaskan Native \_\_\_\_\_ Asian \_\_\_\_\_  
Native Hawaiian/Pacific Islander \_\_\_\_\_ Multi Racial \_\_\_\_\_

Ethnicity: Puerto Rican \_\_\_\_\_ Mexican \_\_\_\_\_ Cuban \_\_\_\_\_ Hispanic \_\_\_\_\_ Haitian \_\_\_\_\_  
Other \_\_\_\_\_

Marital Status: Never Married \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_  
Separated \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Party responsible for paying the bill:

Client \_\_\_\_\_ Other: \_\_\_\_\_ (If other complete below)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_ SS# \_\_\_\_\_

Address: \_\_\_\_\_