



Henry Ford
Cottage Hospital

BIOPSYCHOSOCIAL ASSESSMENT

Date of Evaluation: _____ Start Time: _____ End Time: _____

Informants: (check all) ☐ Patient ☐ Guardian ☐ Family ☐ Other Names: _____

Circumstances of Admission (include vulnerability factors, prompting event, links to problem behavior and consequences):

Psychiatric History: ☐ Information Unchanged from Intake Assessment
☐ No Previous Inpatient Treatment ☐ Previous treatment at HFCH – Last Admission Date _____

Inpatient History (when, where, LOS, reason, outcome, follow-up compliance):

Outpatient History: ☐ Information Unchanged from Intake Assessment
☐ None ☐ **Present:** ☐ CMH ☐ HFHS Outpatient ☐ Private ☐ Clinic: _____

Therapist/Physician: _____ Last seen: _____ Medication compliant: ☐ Yes ☐ No

Previous Treatment: (when, where, LOS, reason, outcome, follow-up compliance):

History of ECT ☐ None ☐ Yes Where: _____ When: _____



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Family Psychiatric History: _____

Relationship Status: ☐ Never Married ☐ Married _____ times ☐ Divorced ☐ Widowed ☐ Separated ☐ Partner

Current Living Situation: _____

Family/Friends: _____

Children: ☐ None How Many & Ages: _____ Reside with Patient: ☐ Yes ☐ No

Sexual: ☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Transgender ☐ Other Concerns: _____

Support System/Community Resources: _____

Education: ☐ Information Unchanged from Intake Assessment Highest Grade Completed: _____
☐ High School Graduate ☐ Special Education ☐ GED ☐ College Graduate-Degree: _____

Employment: ☐ Information Unchanged from Intake Assessment ☐ Full Time ☐ Part Time ☐ Retired
☐ Disabled ☐ Student ☐ Homemaker ☐ Unemployed
History (number of employers, longevity, etc) _____

Military History: ☐ Information Unchanged from Intake Assessment ☐ None ☐ Yes-Non-Combat
☐ Yes – Combat Years/Branch: _____ **Discharge Status:** ☐ Honorable ☐ Dishonorable

Spiritual Belief System: ☐ Non-active ☐ Active – Identify _____

Cultural: ☐ Fluent English ☐ Requires Interpreter-Language: _____

Other accommodations (Diet, holidays, etc) _____

Legal: Current Legal Involvement ☐ No ☐ Yes-explain: _____

☐ Probation ☐ Parole ☐ Incarcerations (explain): _____



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Substance Abuse: ☐ Reviewed but does not apply

	Past History			Current Use (month prior to admission)						
Circle and Complete as Applicable	Age of First Use	Age of Regular Use	Max. Use, Dose and Frequency	Last Month Prior to Admit.	48 hours Prior to Admit.	Use Pattern	Circle Route O=Oral S=Smoke IN=Inhalation			
Alcohol							O			
Heroin								S	IN	IJ
Methadone							O			IJ
Other Opiates: Dilaudid, Darvon, Oxycontin							O	S	IN	IJ
Barbiturates: Tuinal Nembutal, Seconal							O			IJ
Sedatives/hypnotics: Ambien, Lunesta, qualudes							O			
Benzodiazepines Valium, Xanax, Klonopin							O			
GHB/GBL							O			
Cocaine Crack Cocaine								S	IN	IJ
Methamphetamine: Desoxyn							O	S	IN	IJ
Other Amphetamines: Dexadrine, Ritalln							O		IN	IJ
Hallucinogens: LSD, Mescaline							O			
PCP							O	S	IN	
Marijuana, Hashish							O	S		
Ecstasy: MDMA							O		IN	
Ketamine: K, Cat							O	S	IN	IJ
Inhalants: glue, aerosols									IN	
Over the counter							O		IN	
Steroids: Durabolin, Stanozol							O			IJ
Caffine, Tobacco, Herbs							O	S		IJ



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Primary drug of choice: _____ Secondary drug of choice: _____ ☐ Not Applicable

Substance Abuse Related Symptoms (Check all the apply) ☐ Not Applicable

- | | | | | |
|--|---|---|---|--|
| <input type="checkbox"/> Cravings | <input type="checkbox"/> Preoccupation | <input type="checkbox"/> Chest Pain | <input type="checkbox"/> Use upon Awakening | <input type="checkbox"/> Loss of Sensation in extremities/numbness |
| <input type="checkbox"/> Itching | <input type="checkbox"/> Compulsive Use | <input type="checkbox"/> Increased tolerance | <input type="checkbox"/> Paranoia | <input type="checkbox"/> Continued use despite negative consequences |
| <input type="checkbox"/> Anhedonia | <input type="checkbox"/> Mood swings | <input type="checkbox"/> Nausea/Vomiting | <input type="checkbox"/> Palpitations | <input type="checkbox"/> Abusive behavior toward others |
| <input type="checkbox"/> Tremors | <input type="checkbox"/> Nose bleeds | <input type="checkbox"/> Loss of control once started | | <input type="checkbox"/> Withdrawal signs after last use |
| <input type="checkbox"/> Blackouts | <input type="checkbox"/> Sinus problems | <input type="checkbox"/> Seizures | <input type="checkbox"/> Decline in hygiene | <input type="checkbox"/> Annoyed with others who complain about use |
| <input type="checkbox"/> Guilt associated with use | | <input type="checkbox"/> Failed attempts at control | | |

Patient perception of alcohol/substance abuse as a problem? ☐ Yes ☐ No ☐ Not Applicable

Describe: _____

Family's perception of patient's alcohol/substance abuse: ☐ Not applicable

Describe: _____

Patient's longest period of abstinence: _____ When did this occur? _____

Identified factors contributing to abstinence: ☐ Not Applicable _____

Substance Abuse Treatment History ☐ None ☐ Yes

Previous Treatment: (when, where, LOS, reason, outcome, follow-up compliance):

Problems with betting money, lottery tickets or gambling ☐ None ☐ Yes ☐ Not applicable

History of Self Help Groups: ☐ None ☐ AA ☐ NA ☐ GA ☐ Other: _____

Describe: _____

Finance: ☐ Employment ☐ Social Security ☐ Pension ☐ SSD ☐ SSI ☐ Other: _____

Amount/Month: \$ _____ Amount Left: ☐ No ☐ Yes – Amount \$ _____ Payee: _____



BIOPSYCHOSOCIAL ASSESSMENT

MENTAL STATUS AND GENERAL APPEARANCE

AFFECT ☐ Wide Range ☐ Flat ☐ Constricted ☐ Blunted ☐ Tearful ☐ Congruent with Mood
 ☐ Incongruent with Mood

BEHAVIOR ☐ Cooperative ☐ Uncooperative ☐ Pleasant ☐ Hostile ☐ Suspicious ☐ Restless
 ☐ Decreased inhibitions ☐ Guarded ☐ Hyper vigilant ☐ Evasive ☐ Demanding ☐ Passive
 ☐ Drowsy ☐ Poor Eye Contact ☐ Defensive

MOTOR ☐ Normal ☐ Posturing ☐ Shuffling Gait ☐ Agitated ☐ Retarded/Slow ☐ Tremors ☐ Tics

MOOD ☐ Angry ☐ Irritable ☐ Subdued ☐ Euthymic ☐ Dysphoric
 ☐ Expansive ☐ Euphoric ☐ Depressed ☐ Anxious ☐ Labile

SPEECH ☐ Normal ☐ Limited ☐ Loud ☐ Soft ☐ Rapid ☐ Slow ☐ Slurred ☐ Halting
 ☐ Stuttering ☐ Mute ☐ Monotone ☐ Pressured

THOUGHT PROCESS ☐ Goal Directed ☐ Spontaneous ☐ Tangential ☐ Circumstantial ☐ Flight of ideas
 ☐ Disorganized ☐ Blocking ☐ Loss associations ☐ Concrete ☐ Perseverations

Examples: _____

THOUGHT CONTENT ☐ Normal ☐ Ideas of Hopelessness Ideas of Helplessness Poverty of Ideas
 ☐ Sexual Preoccupation ☐ Feelings of Unreality ☐ Guilt ☐ Indecision ☐ Compulsions
 ☐ Obsessions ☐ Phobias ☐ Religiosity ☐ Grandiosity ☐ Auditory Hallucinations
 ☐ Visual Hallucinations ☐ Olfactory Hallucinations ☐ Tactile Hallucinations
 ☐ Persecutory Delusions ☐ Delusions of Reference ☐ Delusions of Grandeur
 ☐ Somatic Delusions ☐ Paranoid Delusions ☐ Thought Broadcasting/Thought Insertion

Examples: _____

CONCENTRATION ☐ Alert ☐ Poor ☐ Easily distracted ☐ Preoccupied

ORIENTATION ☐ Person ☐ Place ☐ Time ☐ Reason for evaluation

☐ Disorientation reported by _____ Date of onset _____

Describe _____

ATTENTION ☐ Marginal ☐ Intact ☐ Poor ☐ Measurement _____

JUDGEMENT ☐ Good ☐ Fair ☐ Poor ☐ Describe _____



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INSIGHT ☐ Good ☐ Fair ☐ Partial ☐ Absent Describe _____

IMPULSE CONTROL ☐ Good ☐ Fair ☐ Poor

MEMORY PROBLEMS ☐ Denied ☐ Short Term ☐ Long Term Date of onset _____

SUICIDAL/HOMICIDAL/ASSAULTIVE RISK FACTORS ☐ Denied

☐ Suicidal Ideation: ☐ Active ☐ Passive ☐ Command ☐ Has plans ☐ Has means

Describe: _____

Self Mutilation/Injury: ☐ No ☐ Yes: _____

Homicidal Ideation: ☐ Active ☐ Passive ☐ Command ☐ Has Plans ☐ Specific Victim: _____

☐ Has Weapons

Describe: _____

☐ Assaultive Behavior: ☐ No ☐ Yes: _____

Readiness to Change That Will Prevent Readmission:

☐ Mental Health: ☐ Pre-contemplation ☐ Contemplation ☐ Preparation ☐ Action

☐ Substance Abuse: ☐ Pre-contemplation ☐ Contemplation ☐ Preparation ☐ Action

Expectation of Treatment & Motivational Challenges to Ensure Aftercare Follow Through:

Patient: _____

Family: _____

Clinical Impression (Summary): _____



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Discharge Planning:

Identification: ☐ Patient has ☐ Patient can get (with family or at home) ☐ Not Available

Transportation:

Patient’s Ability and Capacity to Assist in Treatment & Active Discharge Planning:

☐ Good ☐ Fair ☐ Guarded ☐ Poor

☐ Upon discharge patient will return to previous living arrangements and Mental Health Provider so at this time there are no new identified barriers to discharge.

Upon Discharge Patient Will Need Assistance with:	NA	Yes	No	Will need referral information.
Living Arrangements				
Marital or Family Stressors/Increasing Social Supports				
Educational or Employment Stressors				
Legal Concerns				
Obtaining or Changing Mental Health Providers				
Substance Abuse Providers/Support groups				
Financial Concerns				
Health Care				
Referral for Identification Assistance Agencies				
Safety Plan				
Current Abuse – observable/assessed needing further assessment and intervention.				

Recommendation/Action Plan:

- ☐ Initiate Group Therapy on “Identified Circumstances for Admission”
 - ☐ 90 minute Group Therapy session. ☐ 60 minute Group Therapy session – Due to the age, chronicity or acuity of the Patient’s symptomatology this patient would not be expected to attain any clinical benefits beyond this time frame and may in fact be detrimental.
- ☐ Refer patient to: ☐ Red ☐ Blue ☐ Green ☐ Gray Track
- ☐ Patient will identify and begin to problem solve the above identified psychosocial stressors with the aid of the Social Worker.
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ _____
- ☐ Other: _____

Social Worker’s Signature/Credentials _____ Date _____ Time _____