

## BIOPSYCHOSOCIAL ASSESSMENT

### Demographics

<b>Client Name:</b>	<b>Date:</b>
<b>Current Address:</b> Street City/State Zip Code	<b>Phone #:</b> (     )     -
<b>Date of Birth:</b>	<b>Marital/Relationship Status:</b>
<b>Nation/Tribe/Ethnicity:</b>	
<b>Primary language of client:</b>	<b>Secondary:</b>
<b>Referral Source:</b>	<b>Phone:</b>
<b>Emergency Contact:</b>	<b>Phone:</b>

### Family Relationships

<b>Does the client have any children?</b>						
Name	Age	Date of Birth	Sex	Custody? Y/N	Lives With?	Additional Information
<b>Who else lives with the client? (Include spouses, partners, siblings, parents, other relatives, friends)</b>						
Name	Age	Sex	Relationship	Additional Information		
<b>Primary language of household/family:</b>					<b>Secondary:</b>	

## BIOPSYCHOSOCIAL ASSESSMENT

### Family History

Family History of (select all that apply):						
	Mother	Father	Siblings	Aunt	Uncle	Grandparents
Alcohol/Substance Abuse						
History of Completed Suicide						
History of Mental Illness/Problems such as:						
Depression						
Schizophrenia						
Bipolar Disorder						
Alzheimer's						
Anxiety						
Attention Deficit/Hyperactivity						
Learning Disorders						
School Behavior Problems						
Incarceration						
Other						
<b>Comments:</b>						

## BIOPSYCHOSOCIAL ASSESSMENT

**Critical Population (choose all that apply)**

Funding Source	Residential	Legal Involvement
Food Stamp Recipient	Homeless	Protective Services (APS/CPS)
TANF Recipient	Shelter Resident	Court Ordered Services
SSI Recipient	Long Term Care Eligibility	On Probation
SSDI Recipient	Long Term Care Resident	On Parole
SSA (retirement) Recipient		On Pre-Release
Other Retirement Income	<b>Disability</b>	Mandatory Monitoring
Medicaid Recipient	Physical Disability	
Medicare Recipient	Severely Mentally Ill	<b>Other</b>
General Assistance	SED	Currently pregnant
	Developmentally Disabled	Woman w/dependents
	Chronically Mentally Ill	
	Regional Behavioral Health Authority	
<b>Contact Information</b> (Secure consents for agency contacts, when possible)		
Name of Caseworker	Agency	Phone number

<b>Client's/Family's Presentation of the Problem:</b>
<b>Client's/Family's Expected Outcome:</b>

### Physical Functioning

## BIOPSYCHOSOCIAL ASSESSMENT

<b>Allergies (Medication &amp; Other):</b>				
<b>Current Medical Conditions:</b>				
<b>Current Medications (include herbs, vitamins, &amp; over-the-counter):</b>				
<b>Past Medications:</b>				
<b>Past Medical History including hospitalizations/residential treatment (list all prior inpatient or outpatient treatment including RTC, group home, therapeutic foster care, aftercare, inpatient psychiatric, outpatient counseling):</b>				
Dates	Inpt/Outpt	Location	Reason	Completed? Y/N
<b>Surgeries:</b>				

### Pain Questionnaire

<p><b>Pain Management:</b> Is the client in pain now?    Yes    No</p> <p style="padding-left: 40px;">If yes, ask client to rate the pain on a scale of 1-10 (with 10 being the severest) and enter score here</p> <p style="padding-left: 40px;">Is the client receiving care for the pain?    Yes    No</p> <p style="padding-left: 40px;">If no, would the client like a referral for pain management?    Yes    No</p>
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## BIOPSYCHOSOCIAL ASSESSMENT

### Nutrition

<b>Nutritional Status:</b> Current Weight	Current Height	BMI
<b>Appetite:</b> Good	Fair	Poor, please explain below
Recently gained/lost significant weight	Binges/overeats to excess	
Restricts food/Vomits/over-exercises to avoid weight gain	Special dietary needs	
Hiding/hoarding food	Food allergies	
<b>Comments</b>		

### Social

## BIOPSYCHOSOCIAL ASSESSMENT

<b>Supportive Social Network?</b> (Rate the network using a scale of 1 Weak to 5 Strong)			
Immediate Family		Extended Family	
Friends		School	
Work		Community	
Religious		Other	
<b>Comment:</b>			
<b>Living Situation:</b>			
Housing Adequate	Housing Dangerous	Ward of State/Tribal Court	Dependent on Others
Housing Overcrowded	Incarcerated	Homeless	At Risk of Homelessness
<b>Additional Information:</b>			
<b>Employment: Currently Employed?</b>			
<b>Yes</b>	<b>Employer</b>		<b>Length of Employment</b>
Satisfied	Dissatisfied	Supervisor Conflict	Co-worker Conflict
<b>No</b>	<b>Last Employer:</b>		<b>Reason for Leaving:</b>
<b>Never Employed</b>	<b>Disabled</b>	<b>Student</b>	<b>Unstable Work History</b>
<b>Financial Situation:</b>			
<b>Presence or absence of financial difficulties: (Fields below are optional)</b>			
No Current Problems	Large Indebtedness	Relationship Conflicts Over Finances	
Impulsive Spending	Poverty or Below	Financial Difficulties	
<b>Source of Income (choose all that apply)</b>			
Employed: Full-time Seasonal Self-Employed	Part-time Temporary	Unemployed: Actively seeking work Not looking for work	Public Assistance
Retirement	SSD	SSDI	SSI
Medical Disability via Employer		Other:	
<b>Military History:</b>			
<b>Never enlisted in Armed Forces, OR</b>			
<b>Branch of Service:</b>		<b>Combat:</b> Yes No	
<b>Type of Discharge:</b>	Honorable	Dishonorable	Medical Other:
<b>Sexual Orientation:</b>			
Heterosexual		Bisexual	
Homosexual		Transgendered	
N/A at this time		Comment:	

## BIOPSYCHOSOCIAL ASSESSMENT

### Family Social History

**Describe family relationships & desire for involvement in the treatment process:**

**Perceived level of support for treatment? (scale 1-5 with 5 being the most supportive)**

### Legal Status Screening

<b>Past or current legal problems (select all that apply)?</b>		
None	Gangs	DUI/DWI
Arrests	Conviction	Detention
Jail	Probation	Other:
<b>If yes to any of the above, please explain:</b>		
<b>Any court-ordered treatment?</b>		
	Yes (explain below)	No
<b>Ordered by</b>	<b>Offense</b>	<b>Length of Time</b>

### Education

<b>Educational Level (select one):</b> less than 12 years – enter grade completed		Some college or tech school
Unknown	High School Grad/GED	College Graduate
<b>If still attending, current School/Grade:</b>		
<b>Vocational School/Skill Area:</b>		
<b>College/Graduate School – Years Completed/Major:</b>		

### Leisure & Recreation

<b>Which of the following does the client do? (Select all that apply)</b>			
Spend Time with Friends		Sports/Exercise	
Classes		Dancing	
Time with Family		Hobbies	
Work Part-Time		Watch Movies/TV	

## BIOPSYCHOSOCIAL ASSESSMENT

Go "Downtown"		Stay at Home	
Listen to Music		Spend Time at Clubs/Bars	
Go to Casinos		Other:	
<b>What limits the client's leisure/recreational activities?</b>			

### Functional Assessment

Is client able to care for him/herself? Yes No If No, please explain:			
<b>Uses or Needs assistive or adaptive devices (select all that apply):</b>			
None	Glasses	Walker	Braille
Hearing Aids	Cane	Crutches	Wheelchair
Translated Written Information	Translator for Speaking	Other:	
Does the client have a history of falls? Yes No Explain:			

## BIOPSYCHOSOCIAL ASSESSMENT

### Psychological

<b>History of Depressed Mood:</b>		<b>Yes</b>	<b>No</b>
<b>History of irritability, anger or violence (tantrums, hurts others, cruel to animals, destroys property):</b>			
<b>Sleep Pattern:</b>		Number of hours per day	Time to onset of sleep?
Normal	Sleeping too much	Sleeping too little	
<b>Ability to Concentrate:</b>		Normal	Difficulty concentrating
<b>Energy Level:</b>		Low	Average/Normal High
<b>History of/Current symptoms of PTSD (re-experiencing, avoidance, increased arousal)?</b> Select all that apply			
Intrusive memories, thoughts, perceptions	Nightmares	Flashbacks	
Avoiding thoughts, feelings, conversations	Numbing/detachment	Restricted display of emotions	
Avoiding people, places, activities	Poor sleep	Irritability	
Hypervigilance	Other:		
<b>Any additional information:</b>			

## BIOPSYCHOSOCIAL ASSESSMENT

### Bereavement/Loss & Spiritual Awareness

Please list significant losses, deaths, abandonments, traumatic incidents:

#### Spiritual/Cultural Awareness & Practice

Knowledgeable about traditions, spirituality, or religion?    Yes    No    Comment:

Practices traditions, spirituality, or religion?    Yes    No    Comment:

How does client describe his/her spirituality?

Does client see a traditional healer?    Yes    No    Comment:

### Abuse/Neglect/Exploitation Assessment

## BIOPSYCHOSOCIAL ASSESSMENT

<b>History of neglect (emotional, nutritional, medical, educational) or exploitation? Yes No</b> If yes, please explain:			
<b>Has client been abused at any time in the past or present by family, significant others, or anyone else?) No Yes, explain:</b>			
<b>Type of Abuse</b>	<b>By Whom</b>	<b>Client's Age(s)</b>	<b>Currently Occurring? Y/N</b>
Verbal Putdowns			
Being threatened			
Made to feel afraid			
Pushed			
Shoved			
Slapped			
Kicked			
Strangled			
Hit			
Forced or coerced into sexual activity			
Other			
<b>Was it reported? Yes No</b>		<b>To whom?</b>	
<b>Outcome</b>			
<b>Has client ever witnessed abuse or family violence? No Yes, explain:</b>			

## BIOPSYCHOSOCIAL ASSESSMENT

### Behavioral Assessment

Abuse/Addiction – Chemical & Behavioral				
Drug	Age First Used	Age Heaviest Use	Recent Pattern of Use (frequency & Amount, etc)	Date Last Used
Alcohol				
Cannabis				
Cocaine				
Stimulants (crystal, speed, amphetamines, etc)				
Methamphetamine				
Inhalants (gas, paint, glue, etc)				
Hallucinogens (LSD, PCP, mushrooms, etc)				
Opioids (heroin, narcotics, methadone, etc)				
Sedative/Hypnotics (Valium, Phenobarb, etc)				
Designer Drugs/Other (herbal, Steroids, cough syrup, etc)				
Tobacco (smoke, chew)				
Caffeine				
<b>Ever Injected Drugs?</b>		Yes      No	<b>If Yes, which ones?</b>	
<b>Drug of Choice?</b>				
<b>Consequences as a Result of Drug/Alcohol Use (select all that apply)</b>				
Hangovers	DTs/Shakes	Blackouts	Binges	
Overdoses	Increased Tolerance (need more to get high)	GI Bleeding	Liver Disease	
Sleep Problems	Seizures	Relationship Problems	Left School	
Lost Job	DUIs	Assaults	Arrests	
Incarcerations	Homicide	Other:		
<b>Longest Period of Sobriety?</b>			<b>How long ago?</b>	
<b>Triggers to use (list all that apply):</b>				
<b>Has client traded sex for drugs?</b>		No	Yes, explain:	

## BIOPSYCHOSOCIAL ASSESSMENT

<b>Has client been tested for HIV?</b>		Yes	No
<b>If yes, date of last test:</b>		<b>Results:</b>	
<b>Has client had any of the following problem gambling behaviors? Select all that apply:</b>			
Gambled longer than planned	Gambled until last dollar was gone		
Lost sleep thinking of gambling	Used income or savings to gamble while letting bills go unpaid		
Borrowed money to gamble	Made repeated, unsuccessful attempts to stop gambling		
Been remorseful after gambling	Broken the law or considered breaking the law to finance gambling		
Other:	Gambled to get money to meet financial obligations		
<b>Risk Taking/Impulsive Behavior (current/past) – select all that apply:</b>			
Unprotected sex	Shoplifting	Reckless driving	
Gang Involvement	Drug Dealing	Carrying/using weapon	
Other:			

### Mental Status Exam

Category	Selections			
<b>GENERAL OBSERVATIONS</b>				
<b>Appearance</b>	Well groomed	Unkempt	Disheveled	Malodorous
<b>Build</b>	Average	Thin	Overweight	Obese
<b>Demeanor</b>	Cooperative	Hostile	Guarded	Withdrawn
	Preoccupied		Demanding	Seductive
<b>Eye Contact</b>	Average		Decreased	Increased
<b>Activity</b>	Average		Decreased	Increased
<b>Speech</b>	Clear	Slurred	Rapid	Slow
	Pressured	Soft	Loud	Monotone
	Describe:			
<b>THOUGHT CONTENT</b>				
<b>Delusions</b>	None Reported	Grandiose	Persecutory	Somatic
	Bizarre		Nihilist	Religious
	Describe:			
<b>Other</b>	None Reported	Poverty of Content	Obsessions	Compulsions
	Phobias	Guilt	Anhedonia	Thought Insertion
	Ideas of Reference		Thought Broadcasting	
	Describe:			

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<b>Self Abuse</b>	None Reported		Self Mutilation	
	Suicidal (assess lethality if present)		Intent	Plan
<b>Aggressive</b>	None Reported	Aggressive (assess lethality of present)		
		Intent		Plan
<b>PERCEPTION</b>				
<b>Hallucinations</b>	None Reported		Auditory	Visual
	Olfactory		Gustatory	Tactile
	Describe:			
<b>Other</b>	None Reported	Illusions	Depersonalization	Derealization
<b>THOUGHT PROCESS</b>				
Logical	Goal Oriented	Circumstantial	Tangential	
Loose	Rapid Thoughts	Incoherent	Concrete	
Blocked	Flight of Ideas	Perseverative	Derailment	
Describe:				
<b>MOOD</b>				
Euthymic		Depressed	Anxious	
Angry		Euphoric	Irritable	
<b>AFFECT</b>				
Flat	Inappropriate	Labile		Blunted
Congruent with Mood		Full	Constricted	
<b>BEHAVIOR</b>				
No behavior issues		Assaultive	Resistant	
Aggressive		Agitated	Hyperactive	
Restless		Sleepy	Intrusive	
<b>MOVEMENT</b>				
Akathisia	Dystonia	Tardive Dyskinesia	Tics	
Describe:				
<b>COGNITION</b>				
<b>Impairment of:</b>	None Reported		Orientation	Memory
	Attention/Concentration		Ability to Abstract	
	Describe:			
<b>Intelligence Estimate</b>	Mental Retardation	Borderline	Average	Above Average
<b>IMPULSE CONTROL</b>		Good	Poor	Absent
<b>INSIGHT</b>		Good	Poor	Absent
<b>JUDGMENT</b>		Good	Poor	Absent

## BIOPSYCHOSOCIAL ASSESSMENT

<b>RISK ASSESSMENT</b>				
<b>Risk to Self</b>	Low	Medium	High	Chronic
<b>Risk to Others</b>	Low	Medium	High	Chronic
<b>Serious current risk of any of the following: (Immediate response needed)</b>				
<b>Abuse or Family Violence</b> Yes No		<b>Abuse or Family Violence</b> Yes No		
<b>Psychotic or Severely Psychologically Disabled</b> Yes No				
<b>Is there a handgun in the home?</b> Yes No		<b>Any other weapons?</b> Yes No		
<b>Plan:</b>				
<b>Safety Plan Reviewed</b> Yes No				

### Diagnoses and Interpretive Summary

<b>Biopsychosocial formulation</b>	
<b>DSM IV-TR Provisional Diagnoses</b>	
<b>Axis I</b>	
<b>Axis II</b>	
<b>Axis III</b>	
<b>Axis IV</b>	
<b>Axis V</b>	
<b>Treatment Acceptance/Resistance</b>	
<b>Client accepts problem?</b> No Yes Comment:	
<b>Client recognizes need for treatment?</b> No Yes Comment:	
<b>Client minimizes or blames others?</b> No Yes Comment:	
<b>External motivation is primary?</b> No Yes Comment:	

## BIOPSYCHOSOCIAL ASSESSMENT

<p><b>Strengths/Resources</b> (enter score if present)    <b>1 = Adequate, 2 = Above Average, 3 = Exceptional</b></p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">Family Support</td> <td style="width: 33%;">Social Support Systems</td> <td style="width: 33%;">Relationship Stability</td> </tr> <tr> <td>Intellectual/Cognitive Skills</td> <td>Coping Skills &amp; Resilience</td> <td>Parenting Skills</td> </tr> <tr> <td>Socio-Economic Stability</td> <td>Communication Skills</td> <td>Insight &amp; Sensitivity</td> </tr> <tr> <td>Maturity &amp; Judgment Skills</td> <td>Motivation for Help</td> <td>Other:</td> </tr> </table> <p><b>Comments:</b></p>			Family Support	Social Support Systems	Relationship Stability	Intellectual/Cognitive Skills	Coping Skills & Resilience	Parenting Skills	Socio-Economic Stability	Communication Skills	Insight & Sensitivity	Maturity & Judgment Skills	Motivation for Help	Other:
Family Support	Social Support Systems	Relationship Stability												
Intellectual/Cognitive Skills	Coping Skills & Resilience	Parenting Skills												
Socio-Economic Stability	Communication Skills	Insight & Sensitivity												
Maturity & Judgment Skills	Motivation for Help	Other:												
<p><b>Describe appropriateness &amp; level of need for the family's participation:</b></p>														

### Preliminary Treatment Plan & Referrals

Preliminary Biopsychosocial Treatment Plan			
<p><b>Biological:</b></p>			
<p><b>Psychological:</b></p>			
<p><b>Social/Environmental:</b></p>			
Referrals			
Psychiatrist	Psychologist	Medical Provider	Spiritual Counselor
Benefits Coordinator	Nutritionist	Rehabilitation	Vocational Counselor
Social Worker	Community Agency:	Other:	

## BIOPSYCHOSOCIAL ASSESSMENT

### Physical Fitness (Optional)

**Physical Activity (please select one of the following based on activity level for the past month):**

Avoids walking or exertion, e.g. always uses elevator, drives whenever possible instead of walking.

Walks for pleasure, routinely uses stairs, occasionally exercises sufficiently to cause heavy breathing or perspiration.

Participates regularly in recreation or work requiring **modest physical activity** such as golf, horseback riding, calisthenics, gymnastics, table tennis, bowling, weight lifting, and yard work.  
10-60 minutes per week  
More than one hour per week

Participates regularly in **heavy physical exercise**, such as running, jogging, swimming, cycling, rowing, skipping rope, running in place or engaging in vigorous aerobic activity such as tennis, basketball or handball.

Runs less than a mile a week or engages in other exercise for less than 30 minutes per week

Runs 1-5 miles per week or engages in other exercise for 30-60 minutes per week

Runs 5-10 miles per week or engages in other exercise for 1-3 hours per week

Runs more than 10 miles per week or engages in other exercise for more than 3 hours per week