

# Biopsychosocial Assessment – Child/Adolescent

Family Service Center of Galveston County © 2020

## I. DEMOGRAPHICS

Name

Nickname/preferred name & pronouns

Date of Birth

Age

Gender

Race (check all that apply)

Ethnicity (check one)

School

American Indian/Alaska Native

Asian

Black/African American

Native Hawaiian/Pacific Islander

White

Other: \_\_\_\_\_

Hispanic/Latino/Spanish

Non-Hispanic

Current grade level

## II. FAMILY PRESENTING ISSUE, SYMPTOMS, and MENTAL HEALTH HISTORY

Why are you seeking therapy?

How long has this been going on? (check one)

Less than 1 month

1-6 months

1-5 years

5+ years

Rate the intensity of the problem (check one)

1

2

3

4

5

(Least to most severe)

Is your child/adolescent experiencing any of the following symptoms (within last 30 days)? (check all that apply)

Sadness

Anger

Exhaustion

Worrying

Panic Attacks

Sleep problems

Easily Startled

Unmotivated

Lack of interest

Suicidal thoughts

Guilt

Worthlessness/Esteem

Recklessness

Talking Faster

Impulsivity

Difficulty Concentrating

Bed-wetting

Hearing Things

Seeing Things

Can't Sit Still

Weight Gain/Loss

Eating Issues

Excessive crying

Headaches/Body aches

Poor hygiene

Flashbacks

Feeling slow

Loneliness

Clingy

Self-Harm

Nightmares

Other: \_\_\_\_\_

What would be different if treatment were to be successful?

Has your child/adolescent ever seen a mental health professional before? If so, describe reason, length of treatment, type of therapy, and whether it was helpful.

Has your child/adolescent ever received a mental health diagnosis? Please list, include approximate date diagnosis was given.

List any related medications your child/adolescent is taking, include dose & approximate date prescribed. Who prescribed these medications?

Is your child/adolescent currently having thoughts of killing themselves? (check one)

Yes

No

Has your child/adolescent ever made an attempt to kill themselves? If yes, describe method and outcome.

Has a family member or close friend ever committed suicide? If yes, describe.

Is your child/adolescent currently thinking of killing or seriously hurting someone else? If yes, describe.

Has your family experienced significant grief or loss, such as the death of a loved one, a divorce, or loss of a job?

Has your child/adolescent ever been the victim of one or more traumatic or near-death experiences? Describe.

Please check all that apply.

Physical abuse	Sexual abuse	Emotional abuse	Domestic violence
Robbery victim	Assault victim	Human Trafficking	Bullying/Cyberbullying
Survivor of homicide	Dating violence	Neglect	Other (explain below)

Was it reported? (check one)

Yes No

If yes, who was it reported to?

If abuse occurred, describe the time period, situation, and relationship to abuser.

Has your child/adolescent ever been emotionally, physically, or sexually abusive to others? Describe the time period, situation, and relationship to individual involved.

### III. FAMILY & FRIENDS

Please list immediate and/or relevant family members, listing age and relationship to your child/adolescent.

How would you describe your family? What are your family's strengths and what needs improvement?

Was your child/adolescent adopted? If so, describe the circumstances.

Does your child/adolescent have friendships? What role do friends play in their life?

Is your housing stable? Have there been big moves or changes to your living situation?

#### IV. STRENGTHS & SPIRITUALITY

What are your child/adolescent's personal strengths? What are they proud of?

Does your child/adolescent have religious, spiritual, and/or philosophical beliefs? Do they currently provide support?

Are there times in your child/adolescent's life when the presenting issue does not happen?

Is your child/adolescent part of a club, group, or community organization? What other supports (pets, activities, hobbies, Reddit forums, etc) do they have?

#### V. HEALTH & LIFESTYLE

Please describe current or chronic health problems and any significant previous health-related information about your child/adolescent you would like us to be aware of.

Describe your child/adolescent's development, including speech, motor, learning disabilities, and/or other developmental delays.

Is your child/adolescent currently consuming any psychoactive substances, including caffeine, tobacco, alcohol, marijuana, ecstasy, etc? List, including frequency of use (eg. 4 cups coffee/day, 1 THC vape pen/day)

Have they had any struggles with addiction?

## VI. EDUCATION & LEGAL

What is your child/adolescent's level of achievement in school? Is their level of effort consistent over time?

How would you describe your child's attendance currently? (check all that apply)

Attending regularly  
Pursuing GED

Some truancy  
Home-schooled

Rarely attending  
Dropped out

What are your child/adolescent's interactions with teachers and other authority figures?

What are your child/adolescent's interactions with classmates?

Have there been any disciplinary problems? (check all that apply)

Behavioral referrals  
Suspension

Expulsion  
Alternative School

Has there been any CPS Involvement or a history of foster care placement? If so, describe.

Has your child/adolescent ever been arrested or been put on probation? If so, describe.

## VII. COVID/LOCAL DISASTERS

What impact has the Coronavirus, the Santa Fe Shooting, and/or Hurricane Harvey had on your family?