



## Biopsychosocial Assessment

### **IDENTIFYING INFORMATION**

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

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

Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_

Gender: \_\_\_\_\_

Gender Expression: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Relationship to Emergency Contact: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Client Racial/Ethnic Group: \_\_\_\_\_

Nature of the Problem:

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When did the Problem Begin: \_\_\_\_\_

Any Related Issues that Brought on the Problem:

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Any Interventions Previously Tried:

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### **MEDICAL AND BEHAVIORAL HEALTH HISTORY**

#### **Medical History**

Medical History (List all major illnesses, surgeries, and major injuries. Begin with most recent and work backwards):

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Current and Past Medications (prescribed and non-prescribed): \_\_\_\_\_

Family Medical History:

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Do you have any allergies (food, medications, chemicals, vapors)? \_\_\_\_\_  
If yes, please list allergies:

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Primary Physician: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Hospital Preference: \_\_\_\_\_

**Behavioral Health History**

Are you currently receiving any behavioral health services from any other provider? \_\_\_\_\_

If so, where: \_\_\_\_\_

Previous behavioral/psychiatric history? \_\_\_\_\_

If yes

Where: \_\_\_\_\_

Date of Service: \_\_\_\_\_

Reason for Services and Outcome:

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Are you bothered by guilt or shame for past events that have occurred in your life? \_\_\_\_\_

If yes, please explain:

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**Substance Use/Chemical Use History**

Substances Used: \_\_\_\_\_

Age of First Use: \_\_\_\_\_

Last date use: \_\_\_\_\_

Amount/Method of Use (e.g. oral, nasal, inject.): \_\_\_\_\_

Family Members who use: \_\_\_\_\_

Substance Preferred: \_\_\_\_\_

Have you ever suffered physical withdrawal symptoms when trying to stop using substances? \_\_\_\_\_

How long was your last period of voluntary abstinence? \_\_\_\_\_

When? \_\_\_\_\_

Has anyone close to you ever asked you to stop drinking/using? \_\_\_\_\_

Have you ever received formal treatment for a substance abuse problem? \_\_\_\_\_

If yes:

Name of Organization: \_\_\_\_\_:

Year: \_\_\_\_\_

Length of Program: \_\_\_\_\_

Outcome/Abstinence: \_\_\_\_\_

**CURRENT LIFE SITUATION**

What are your living arrangements? \_\_\_\_\_

How many people are living in your present household or in your immediate living area?

\_\_\_\_\_

Do you have family or friends that you can call upon for support? \_\_\_\_\_

How are your relationships with the people living in your home or immediate living area?

\_\_\_\_\_

How would you describe the current quality of your life? \_\_\_\_\_

Do you have difficulty remembering your childhood? \_\_\_\_\_

Did your family experience severe financial problems? \_\_\_\_\_

Did your parents/caretakers argue frequently? \_\_\_\_\_

How would you describe yourself as a child growing up in your family?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Children and ages:

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**RELATIONSHIP HISTORY**

Relationship Status: \_\_\_\_\_

Is there violence in your current relationship? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Has there been violence in your past primary relationships? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

If you are currently in a primary relationship, what problems, if any, do you have with your partner? \_\_\_\_\_

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**EDUCATION**

What was the highest grade you completed? \_\_\_\_\_

Degree(s) held: \_\_\_\_\_

**MILITARY HISTORY**

Have you ever served in the military? \_\_\_\_\_

Years in service: \_\_\_\_\_

Combat: \_\_\_\_\_

If you experienced combat, have you experienced problems associated with your experience?

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Have you ever been treated for problems associated with your combat experience?

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**LEGAL HISTORY**

Legal Involvement: \_\_\_\_\_

If past involvement, no charges pending: \_\_\_\_\_

Charges: \_\_\_\_\_

Year: \_\_\_\_\_

Outcome (conviction, incarceration, probation): \_\_\_\_\_

If present legal involvement, charges pending: \_\_\_\_\_

If present legal involvement, probation or parole, conditions of probation or parole:

\_\_\_\_\_

Probation or Parole Officer: \_\_\_\_\_

Phone: \_\_\_\_\_

**ETHNIC/CULTURAL ORIENTATION**

Did your family practice traditions and rituals associate with past family history? \_\_\_\_\_

If yes, would you care to explain what traditions and rituals:

\_\_\_\_\_

\_\_\_\_\_

If yes, was there a sense of pride in participating in those traditions and rituals?

\_\_\_\_\_

Are there any cultural practices linked to your racial/ethnic background that are important to you? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

**LEISURE/RECREATIONAL**

What are your usual free time activities?

\_\_\_\_\_

\_\_\_\_\_

What are your hobbies?

\_\_\_\_\_

\_\_\_\_\_

How much free time do you have in a week? \_\_\_\_\_

**SPIRITUALITY**

Are you involved in a church or a religion? \_\_\_\_\_

What activities do you engage in spiritually?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_