

Biopsychosocial Assessment

Personal Information			
First Name	Last Name	Date of Birth	Ethnicity
Current Physician Name		Current Physician Email	Current Physician Number
What are your goals for therapy			
Risk Screening			
Are you pregnant or trying to be?		☐ Yes ☐ No ☐ Not Applicable	
Have you ever contemplated suicide?		☐ Yes ☐ No ☐ Not Applicable	
Do you currently engage in unsafe sex or use needles?		☐ Yes ☐ No ☐ Not Applicable	
Are you a survivor of trauma?		☐ Yes ☐ No ☐ Not Applicable	
Presenting Problem			
Please describe the problem(s) that has led you to seek treatment			
How long have you been experiencing this problem?			
Please list the symptoms you currently experience or have experienced in the past as a result of this problem			
What impact does this problem have on your day-to-day life?			

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Medical History			
Please list any current or past medications			
Medication Name	Dose	Frequency	Note
Please list any past or current medical conditions			
Please list any medical or food allergies			
Have you ever been hospitalized? If so, what for?			
Psychiatric History			
Have you ever seen a mental health professional before? If so, what for?			
Has anyone in your family ever been treated for a psychiatric/mental health disorder? If yes, please specify			
Have you ever received treatment for mental health issues, substance use, or emotional issues? If yes, please describe			

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Substance Use/Addiction History				
Please include alcohol, caffeine, tobacco, illegal drugs or pills, and any other substances you currently use or have used in the past in the below table				
Substance	Age of First Use	Frequency	Date of Last Use	Note
Do you have any problems with other addictions? (e.g. gambling, pornography, food, shopping)				
Have you ever sought treatment for substance use or addiction? (e.g. self-help group, 12-step program)				
Is there any history of addiction/substance abuse in your family?				
Social				
Please list your family members (e.g. parents, children, spouse, siblings)				
Please describe the relationships you have with your family members				
Please describe the relationships you have with friends or extended family members				
Do you have any close friends?				
Have you ever had any problems with friendships?				
What is your current relationship status? ☐ Single ☐ Married ☐ Divorce ☐ Other:				
Have you ever had problems with your marriage/relationships?				
Please describe your current living situation				
What do you like to do for fun?				

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Developmental			
Were there any problems when your Mother was pregnant with you?			
Did you have any health issues or behavioral problems in childhood?			
What was your home and family environment like as a child?			
Education and Employment			
What is the highest educational level you have achieved?			
What is your current employment status? ☐ Employed ☐ Unemployed ☐ Part-time ☐ Other:			
Please describe your work history (e.g. what kind of work, how long for)			
Have you ever had conflicts at work?			
Legal			
Have you ever been arrested? ☐ Yes ☐ No			
If No, please skip the rest of this section.			
How many times?			
What were you arrested for?			
Have you ever served a prison sentence? If yes, please describe below (e.g. when, how long for)			
Additional Note			
Is there anything else you would like me to know about you that you haven't already included			