

# Biopsychosocial Assessment – Adult

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*)

Relationship Status (*choose one*)

American Indian/Alaska Native  
Asian  
Black/African American  
Native Hawaiian/Pacific Islander  
White  
Other: \_\_\_\_\_

Hispanic/Latino/Spanish  
Non-Hispanic

## II. 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*)

Are you 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
Boredom	Suicidal thoughts	Guilt	Worthlessness/Esteem
Recklessness	Talking Faster	Impulsivity	Difficulty Concentrating
Suspiciousness	Hearing Things	Seeing Things	Can't Sit Still
Weight Gain/Loss	Eating Issues	Excessive crying	Headache/Body aches
Poor hygiene	Flashbacks	Feeling slow	Self-Harm

What are your treatment goals? If treatment were to be successful, what would be different?

Have you seen a mental health professional before? If so, describe reason, length of treatment, type, and if you found it useful.

Have you ever received a mental health diagnosis? Please list, include approximate date diagnosis was given.

List any related medications you are taking, include dose & approximate date prescribed.

Are you currently having thoughts of killing yourself? (check one)  Yes  No

Have you ever made an attempt to kill yourself? If yes, describe method and outcome.

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

Are you currently thinking of killing or seriously hurting someone else?

Have you ever been emotionally, physically, sexually, or in any other way abused (as a child or an adult)? Describe the time period, situation, and relationship to abuser. *Please check all that apply.*

Physical abuse	Sexual abuse	Emotional abuse	Domestic violence
Robbery victim	Assault victim	Human Trafficking	Adult molested as a child
Survivor of homicide	Dating violence	Elder abuse	Other (Please explain)

Have you ever been the victim of one or more traumatic or near-death experiences? Please describe.

Have you ever been emotionally, physically, or sexually abusive to others? Describe the time period, situation, and relationship to individual involved.

Have you experienced significant grief or loss, such as the death of a loved one, a divorce, or loss of a job?

**III. LIFESTYLE**

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

Do you exercise regularly? If so, what is your basic routine?

Do you currently consume any un-prescribed psychoactive substances, including but not limited to; caffeine, tobacco, alcohol, marijuana, methamphetamine, cocaine, and PCP? List substances and frequency of use (eg. 2 beers/day, 4 cups coffee/day, 1 THC vape pen/day)

Have you had struggles with any kind of addiction? If so, please describe (i.e. drugs, alcohol, shopping, gambling, sex, eating, etc.).

**IV. EDUCATION, EMPLOYMENT, LEGAL**

What is the highest level of education you attained? If applicable, describe experience and fields of study.

Are you currently employed? If so, what do you do for work? What does your day-to-day job look like?  
Do you like it?

Have you ever served in the military? (check one)  No  Active-Duty  Reserves  Retired

Are you currently or have you ever been on probation or parole?

Please describe any legal situations. (custody orders, protection orders, incarceration history)

**V. FAMILY & FRIENDS**

Please list immediate and/or relevant family members, listing age and relationship to you.

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

Do you have friendships? What role do friends play in your life?

Has any family member or friend noticed, or commented on, your mood or behavior?

**VI. STRENGTHS & SPIRITUALITY**

What are your personal strengths? What are you proud of?

Do you have religious, spiritual, and/or philosophical beliefs? Do they currently provide support?

Are you part of a club, group, or community organization? What other supports (pets, activities, hobbies, Reddit forums, etc.) do you have?

**VII. COVID/LOCAL DISASTERS**

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