Adult Biopsychosocial Intake

ADULT BIOPSYCHOSOCIAL INTAKE

In your own words, what brings you to counseling?

Are you currently experiencing any of the following to the point of negatively impacting your daily life? Please check all that apply:

- [ ] Aggression
- [ ] Anger outburst
- [ ] Alcohol abuse
- [ ] Anxiety
- [ ] Avoidance of people
- [ ] Chest pains
- [ ] Computer obsession
- [ ] Depression
- [ ] Difficulty thinking
- [ ] Dizziness
- [ ] Drug abuse
- [ ] Eating disorder
- [ ] Elevated mood
- [ ] Easily distracted
- [ ] Fatigue
- [ ] Fears/phobias
- [ ] Gambling that is problematic
- [ ] Hallucinations
- [ ] Headaches
- [ ] Helplessness
- [ ] Hopelessness
- [ ] Impulsiveness
- [ ] Indecisiveness
- [ ] Irritability
- [ ] Loneliness
- [ ] Memory problems
- [ ] Mood swings
- [ ] Muscle tension
- [ ] Obesity
- [ ] Panic attacks
- [ ] Racing thoughts
- [ ] Sexual obsessions
- [ ] Sexual difficulties
- [ ] Sleep problems
- [ ] Stress
- [ ] Suicidal thoughts
- [ ] Trembling/shaking
- [ ] Weight gain (non-intentional)
- [ ] Weight loss (non-intentional)
- [ ] Withdrawn socially
- [ ] Worrying
- [ ] Worthlessness
- [ ] Other

How long have you been feeling this way?

Is there anything that you can identify that might be causing these feelings to occur?

MENTAL HEALTH HISTORY

Have you ever been diagnosed with a mental health condition in your lifetime? If yes, please name.

Please check all that apply:

Mental health treatment history

- [ ] Therapy/counseling
- [ ] Medication management
- [ ] Case management
- [ ] Intensive outpatient/partial hospitalization/residential
- [ ] Inpatient psychiatric hospital
- [ ] None

For items checked above, please add additional details about when, how long, the general concern that was addressed, and other important details surrounding your treatment.

ABUSE/NEGLECT/EXPLOITATION ASSESSMENT

History of Neglect

Please check off any of these answers that apply to you:

History of neglect

- [ ] As a child, you had no one emotionally present for you.
- [ ] As a child, you did not have enough food, or there was food but you were not allowed to eat it.
- [ ] As a child, you were not taken to the doctor when you needed to be seen (including yearly checkups/physicals).
- [ ] As a child, you were not allowed to go to school (ex. needed to stay home to care for other siblings).
- [ ] Never experienced neglect as a child

Please provide additional information if comfortable.

History of Abuse

Have you experienced a history of abuse? Please check off any of these answers that apply to you:

History of abuse

- [ ] Physical
- [ ] Emotional
- [ ] Sexual
- [ ] Never experienced abuse
- [ ] Other

Please provide additional information if comfortable.

Was it reported?

○ Yes ○ No

FAMILY HISTORY FOR SUBSTANCE ABUSE OR MENTAL HEALTH

Substance Abuse and Mental Health History

Please identify if any family member, including your mother, father, siblings, mother's side of the family, father's side of the family, or your own children have a substance abuse or mental health history. If you believe a family member has a concern but do not know for sure, identify it with a '?' after their relationship to you. (Please skip if not applicable.)

Alcohol abuse:

Substance abuse:

Died by suicide:

Committed homicide:

ADHD/ADD:

Anxiety:

Bipolar:

Depression:

Psychosis (or other psychotic disorder):

Personality disorder:

Attempted suicide:

Psychhospitalized:

Long-term incarcerated:

Please check if applicable:

- [ ] No family history of mental health or substance abuse problems

PROBLEMATIC BEHAVIOR ASSESSMENT

Personal History of Substance Abuse or Mental Health Problematic Behavior

Have you ever abused the following substances:

Substance abuse history

- [ ] Alcohol
- [ ] Any tobacco use
- [ ] Marijuana
- [ ] Cocaine/crack
- [ ] Heroin
- [ ] Amphetamines
- [ ] LSD/hallucinogens
- [ ] Ecstasy/molly
- [ ] Inhalants
- [ ] Prescription pain pills
- [ ] Prescription benzodiazepines/"downers"
- [ ] I have never had problematic alcohol, tobacco, or drug use.
- [ ] Other

Consequences because of Drug/Alcohol Use/Abuse

Please identify any consequences you have had due to drug/alcohol use or abuse:

Consequences of substance use

- [ ] Assaults
- [ ] Arrests
- [ ] Binges
- [ ] Blackouts
- [ ] Custody problems
- [ ] DUI
- [ ] Divorce/family problems
- [ ] Hangovers
- [ ] Increased time spent obtaining/using drugs/alcohol
- [ ] Increased tolerance
- [ ] Incarceration
- [ ] Medical problems
- [ ] Overdose
- [ ] Relationship problems
- [ ] Shakes
- [ ] Seizures (DTs)
- [ ] Sleep problems
- [ ] No history of consequences of alcohol/drug abuse

History of Alcohol or Substance Abuse Treatment

Please identify any treatment you have received for a drug or alcohol problem:

Substance abuse treatment history

- [ ] Detoxification
- [ ] Therapy/counseling
- [ ] Group therapy
- [ ] AA/NA
- [ ] Drug court
- [ ] Intensive outpatient or partial hospitalization
- [ ] Residential
- [ ] Sober living community
- [ ] No history of drug or alcohol abuse treatment
- [ ] Other

If currently not in sobriety but working towards sobriety

What is the longest period of sobriety in your lifetime?

If sober from alcohol and drugs

How long have you been sober?

Have you ever been diagnosed with an eating disorder?

Eating Disorder Treatment

Please check any eating disorder treatment you have received:

Eating disorder treatment

- ☐ Outpatient therapy
- ☐ Outpatient nutritional support
- ☐ Weight supervision by medical professional
- ☐ Group therapy
- ☐ IOP/PHP
- ☐ Residential
- ☐ Hospitalized for ED-related concerns
- ☐ No reported eating disorder treatment

Problematic Gambling Behaviors

Please check any of the following that apply to you:

Gambling behaviors

- ☐ Gambled longer than planned
- ☐ Been remorseful for gambling
- ☐ Gambled until last dollar spent
- ☐ Broke the law or thought about breaking the law to obtain money for gambling
- ☐ I do not have any problematic gambling behaviors.
- ☐ Lost sleep thinking of gambling
- ☐ Asked others for money to gamble
- ☐ Made repeated unsuccessful attempts to stop gambling
- ☐ Gambled to get money for financial obligations (rent, mortgage, utility bill, etc.)

Current or Past Legal Involvement

Please check all that apply:

Legal involvement

- ☐ Arrests
- ☐ DUI
- ☐ Jail/prison
- ☐ Probation/parole
- ☐ Other
- ☐ Convictions
- ☐ Gangs
- ☐ Juvenile legal history
- ☐ I have no legal history.

PHYSICAL HEALTH

Do you have any known drug allergies?

○ Yes ○ No

If yes, explain:

Please identify any current medical problems, including medical problems you may not currently be receiving treatment for (such as type II diabetes or high cholesterol controlled through diet/exercise):

Hospitalization/Surgery History

Please identify any significant hospitalization or surgeries you have had in your lifetime:

Current Medications

Are you currently taking any medication? If yes, please list:

Current Pain

Are you currently experiencing pain? Including chronic, widespread pain. If yes, please explain.

Are you able to care for yourself?

◯ Yes ◯ No

Do you use any assistance or adaptive devices such as a cane, walker, brace, wheelchair, crutches, artificial limb, etc.? If yes, please list.

CHILDHOOD/SOCIAL/EDUCATIONAL/EMPLOYMENT/MILITARY HISTORY

Where were you born and raised?: ______________________

Overall, I would describe by childhood as:

◯ Good. Overall, I had a positive childhood.
◯ Overall good, but there were sometimes difficulties
◯ Average, not great but not terrible
◯ Negative
◯ Horrible, chaotic, unsafe, dangerous

Any additional childhood details? You can be as brief or as detailed as you wish.

Who do you get emotional support from? This could be someone you call if you need help or want to talk to someone about a problem.

Emotional support sources

- ☐ Immediate family
- ☐ Extended family
- ☐ Friends
- ☐ Co-workers
- ☐ Schoolmates
- ☐ Religious community
- ☐ Other

Please identify your current living situation:

Current living situation

- ☐ Living with friends
- ☐ Living with family
- ☐ Living with roommates
- ☐ Living in college housing
- ☐ Housing is adequate.
- ☐ Housing is dangerous.
- ☐ Housing is overcrowded.
- ☐ Homeless
- ☐ Other

Who lives with you in your home?

Highest level of education obtained:

- ◯ Less than high school
- ◯ High school diploma
- ◯ GED
- ◯ Technical college
- ◯ Community college/junior college/AA
- ◯ Some college
- ◯ Bachelor's degree
- ◯ Master's degree
- ◯ PhD
- ◯ MD/JD
- ◯ Other

Are you currently attending a school/college?

◯ Yes ◯ No

Were you ever in special education classes while in school? Or have you had any other educational support (ESL, extensive tutoring for a learning disability, IEP) for any reason. If yes, please explain.

Are you currently employed? If yes, where and what do you do?

Are you happy at your current job or employment status?

◯ Yes ◯ No

Source of Income

Please identify any source of income that you have:

Income sources

- ☐ Employment income
- ☐ Military income
- ☐ Spouse/partner income
- ☐ Financial aid
- ☐ Other
- ☐ Disability income
- ☐ Retirement income
- ☐ Child support/alimony
- ☐ Unemployment

Military History

Have you ever been involved with the military for any reason (including family members, spouse, significant other)?

◯ Yes ◯ No

SEXUALITY/GENDER IDENTITY/RELATIONSHIP/CHILD HISTORY

How do you identify your gender? What pronouns do you use?

How do you identify your sexuality?

Current marital status:

- ◯ Single
- ◯ Dating casually
- ◯ Committed relationship
- ◯ Committed same sex partnership
- ◯ Married
- ◯ Divorced
- ◯ Widowed
- ◯ Other

Do you have any children (including deceased, adopted formally or informally, children that are in your custody for any reason, or children that identify you as significant person in that child's life)?

◯ Yes ◯ No

SPIRITUAL ASSESSMENT

How do you describe your spirituality?

Spirituality

- ☐ Atheist
- ☐ Agnostic
- ☐ Religious
- ☐ Spiritual
- ☐ Moral
- ☐ Other

Is there a religious community (organized or not) you feel connected with?

Religious community

- ☐ Christian
- ☐ Jewish
- ☐ Pagan/neopagan
- ☐ Muslim
- ☐ Hindu
- ☐ None of the above
- ☐ Other

RISK ASSESSMENT

Have you ever experienced any of the following in the PAST:

Past risk factors

- ☐ Thoughts of hurting self
- ☐ Thoughts of suicide
- ☐ Vague thoughts about not wanting to wake up, or that something bad will happen to you outside your control (serious illness, dying in sleep, car accident, natural disaster)
- ☐ Plan to commit suicide
- ☐ Made threats to kill self
- ☐ Self-harm/mutilation
- ☐ Thoughts of seriously harming someone
- ☐ Plans to harm someone
- ☐ Attempted to harm someone
- ☐ Made threats to harm someone
- ☐ None of the above
- ☐ Other

Are you currently experiencing of the following:

Current risk factors

- ☐ Thoughts of hurting self
- ☐ Thoughts of suicide
- ☐ Vague thoughts about not wanting to wake up, or that something bad will happen to you outside your control (serious illness, dying in sleep, car accident, natural disaster)
- ☐ Plan to commit suicide
- ☐ Made threats to kill self
- ☐ Self-harm/mutilation
- ☐ Thoughts of seriously harming someone
- ☐ Plans to harm someone
- ☐ Attempted to harm someone
- ☐ Made threats to harm someone
- ☐ None of the above
- ☐ Other

☐ I confirm that the answers I have provided are my current truth and have been completed to the best of my ability

Signature:

Name: ______________________ Date: ______________________ dd / mm / yyyy