CLINTON COUNSELING CENTER – ADULT BIOPSYCHOSOCIAL ASSESSMENT

# DEMOGRAPHICS

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Legal Name: | | | | | | |
| Age: | Date of Birth: | | | | Social Security #: | |
| Race: □ Caucasian | | □ Black | □ Hispanic | □ Native American | | □ Other: |
| Current Address: | | | | | Current Phone: | |
| Street: | | | | | Home: | |
| City/State: | | | | | Cell: | |
| Zip: | | | | |  | |
| Emergency Contact: | | | | | Phone: | |
| □ Guardian □ Representative payee □ Personal representative  Name: Phone: | | | | | | |
| Insurance Information: □ Medicaid □ Medicare □ Blue Cross/Blue Shield □ MiChild  □ Value Options □ Cigna □ United Behavioral Healthcare □ Aetna  □ Adult Benefit Waiver □ Medicaid Spend down □ Other  □ No Insurance Benefits – current household income: | | | | | | |

***SUBSTANCE USE HISTORY:***

Consequences as a result of Drug/Alcohol Use (select all that apply)

|  |  |  |  |
| --- | --- | --- | --- |
| □ Hangovers | □ Seizures | □ Sleep Problems | □ Drinking & Driving |
| □ Overdoses | □ Liver Disease | □ Lost Job | □ Stealing for drugs |
| □ Binges | □ GI Bleeding | □ Left School | □ Arrest |
| □ Blackouts | □ Increased tolerance  (need more to get high) | □ Relationship Losses | □ Jail |
| □ DTs/Shakes | □ Traded sex for drugs | □ Other: |

Risk Taking/Impulsive Behaviors (current or past) – select all that apply

|  |  |  |  |
| --- | --- | --- | --- |
| □ Gambling | □ Gang involvement | □ Selling drugs | □ Reckless driving |
| □ Unprotected sex | □ Shoplifting | □ Carry/using weapons | □ Other |

Client’s thoughts about making changes to substance use:

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| --- | --- | --- |
| □ Not ready to quit | □ Making plans to quit | □ Quit and need help to prevent a  relapse |
| □ Thinking about quitting | □ Already started making changes |

History of Substance Abuse Treatment: □ No previous treatment

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Treatment Program | Type of  Treatment | Date of Treatment | Status |
|  | * Inpatient * IOP * Outpatient |  | * Completed * Dropped Out * Other: |
|  | * Inpatient * IOP * Outpatient |  | * Completed * Dropped Out * Other: |
|  | * Inpatient * IOP * Outpatient |  | * Completed * Dropped Out * Other: |
|  | * Inpatient * IOP * Outpatient |  | * Completed * Dropped Out * Other: |
|  | * Inpatient * IOP * Outpatient |  | * Completed * Dropped Out * Other: |

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| Clinical Impression: (Staff use only): |

# PSYCHOLOGICAL/EMOTIONAL:

Check all current symptoms:

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| --- | --- | --- | --- |
| * Depressed mood | * No motivation | * Sleep problems | * Hallucinations |
| * Frequent crying spells | * No interest in activities | * Manic episode | * Paranoia |
| * No energy | * Changes in weight | * Panic attacks | * Thoughts of death |
| * Irritable often | * Feeling worthless | * Constant worry | * Obsessions |
| * Problems concentrating | * Hopelessness | * Anxiety | * Hyperactivity |

History of Suicide Attempts □ No □ Yes When: How: History of Hurting Others □ No □ Yes When: How: Past/Current Mental Health Diagnosis: Current Mental Health Medications: Doctor prescribing medications? Name: Phone: Address: Past Mental Health Medications: Family history of mental health disorders:

|  |  |
| --- | --- |
| Family Member | Diagnosis |
|  |  |
|  |  |

History of Mental Health Treatment: □ No previous treatment

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Treatment Program | Type of  Treatment | Date of Treatment | Status |
|  | * Hospital * Partial Day * Outpatient |  | * Completed * Dropped Out * Other: |
|  | * Hospital * Partial Day * Outpatient |  | * Completed * Dropped Out * Other: |
|  | * Hospital * Partial Day * Outpatient |  | * Completed * Dropped Out * Other: |
|  | * Hospital * Partial Day * Outpatient |  | * Completed * Dropped Out * Other: |
|  | * Hospital * Partial Day * Outpatient |  | * Completed * Dropped Out * Other: |

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| Clinical Impression: (Staff use only): |

# MEDICAL:

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| --- | --- | --- |
| Medical Condition(s): | Medication(s) | Dose |
|  |  |  |
|  |  |  |
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Allergic to any medications? □ No □ Yes What medication(s)?

|  |  |  |  |
| --- | --- | --- | --- |
| Primary Care Physician’s Name:   * No primary care physician | | Address: | Phone: |
| Detoxification History: Substance(s): □ Never detoxed Symptoms: □ DTs/Shakes □ Vomiting □ Diarrhea □ Seizures □ Achy □ Sleeplessness   * No appetite □ Anxiety □ Hallucinations □ Other: | | | |
| Current Sleep: | * No sleep problems □ Can’t fall asleep □ Waking often in the night * Sleep more than 9 hours per night □ Sleep less than 6 hours per night | | |
| Current Exercise: | * None □ Exercise 1-3x/month □ Exercise 1-3x/week □ Exercise daily | | |
| Current Diet: | * Healthy eating □ Overeating □ Eating mostly junk food * Bulimia (eating too much and vomiting) □ Anorexia (not eating enough) | | |
| Current appetite: | * Good □ Fair □ Poor | | |

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| Clinical Impressions: (Staff use only): |

***FAMILY OF ORIGIN:*** (What happened while growing up – check all that apply)

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| --- |
| Who raised client? □ Mother □ Father □ Grandparent □ Other: |
| Substance use in the family? □ No □ Yes Who? |
| Client was disciplined by: □ Not disciplined □ Spanked/hit □ Yelled at □ Time out/grounding |
| Verbal Abuse? □ No □ Yes Age of abuse By Whom? |
| Physical Abuse? □ No □ Yes Age of abuse By Whom? |
| Neglect? □ No □ Yes Age of abuse By Whom? |
| Impression of upbringing: □ Healthy □ Fair □ Dysfunctional |

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| Clinical Impressions: (Staff use only): |

# ETHINIC/CULTURAL/SPIRITUAL BACKGROUND:

What cultural group do you identify with the most (check all that apply):

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| --- | --- | --- |
| * Caucasian (White) | * African American (Black) | * Latino |
| * Asian | * Hispanic | * Native American |
| * Other: |  |  |

What religious group do you identify with the most (check all that apply):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| * None | * Baptist | * Lutheran | * Protestant | * Jewish |
| * Catholic | * Muslim | * Non-denominational | * Jehovah Witness | * Other: |

What are your spiritual beliefs?

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| --- | --- | --- |
| * Believe in Higher Power | * Uses prayer | * Seeking connection with others |
| * Seeking harmony | * Believe in Karma | * Want to strengthen spirituality |

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| Clinical Impressions: (Staff use only): |

# SEXUALITY:

Check all that apply:

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| Sexual Orientation: □ Heterosexual (like opposite sex) □ Homosexual/Gay/Lesbian   * Bisexual (like both sexes) □ Transgender * Comfortable with sexual orientation □ Concerns with sexual orientation |
| Sexual abuse: □ Have been sexually abused Age of abuse: By whom:   * Have sexually abused others * No history of sexual abuse * Sexual abuse history is a current area of concern |

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| Clinical Impressions: (Staff use only): |

# CURRENT FAMILY RELATIONSHIPS:

Marital Status: □ Never Married □ Married □ Separated □ Divorced □ Widowed

□ Living with partner □ In relationship Children: □ None

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name | Age | Gender | Client has  custody? | Child lives  with? | Additional information |
|  |  | □ M □ F | * Yes □ No |  |  |
|  |  | □ M □ F | * Yes □ No |  |  |
|  |  | □ M □ F | * Yes □ No |  |  |
|  |  | □ M □ F | * Yes □ No |  |  |

Has client ever had involvement with Child Protective Services? □ No □ Yes Year:

Check all that apply:

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | Deceased | Regular contact | Infrequent/ No contact | Supports recovery | Does not  understand recovery | Used  substances with | Conflict in relationship |
| Spouse/Partner |  |  |  |  |  |  |  |
| Mother |  |  |  |  |  |  |  |
| Father |  |  |  |  |  |  |  |
| Sibling: |  |  |  |  |  |  |  |
| Sibling: |  |  |  |  |  |  |  |
| Sibling: |  |  |  |  |  |  |  |
| Child: |  |  |  |  |  |  |  |
| Child: |  |  |  |  |  |  |  |

Identify family that would be willing to participate in treatment to assist client in recovery:

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| Clinical Impression: (Staff use only): |

# CURRENT SOCIAL SUPPORTS:

Clinical Impression: (Staff use only):

Check all that apply:

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| --- | --- | --- |
| * No current social support | * Isolating | * Have a current sponsor |
| * Friends that use substances | * Anxiety makes it hard to meet people | * Friends that support recovery |

AA/NA Meetings (check all that apply):

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| --- | --- | --- |
| * Never attended any meetings | * Don’t like meetings | * Attend meetings 1-3x/month |
| * Attended meeting in the past | * Find meetings helpful | * Attend meetings 1-3x/week |
| * Currently attending meetings | * Need to go to meetings again | * Attend meetings daily |

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| Clinical Impression: (Staff use only): |

# CURRENT LEISURE/RECREATION/TIME MANAGEMENT:

Check all that apply: □ Do not participate in any activities

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| --- | --- | --- | --- |
| Activity | Past  activity | Present  activity | Substance use involved with  this activity |
| Time with friends |  |  |  |
| Time with family |  |  |  |
| Classes/School |  |  |  |
| Work |  |  |  |
| Hobby: |  |  |  |
| Watch television/Play video games |  |  |  |
| Clubs/Bars |  |  |  |
| Casinos |  |  |  |
| Participate in sports/exercise |  |  |  |
| Other: |  |  |  |

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| Clinical Impression: (Staff use only): |

# EDUCATIONAL:

Check all that apply:

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| Education: □ High School Graduate or GED □ Less than 12 years of school: Last grade completed:   * College: # of years □ Vocational Schooling: # of years |
| Current Schooling: □ No □ Yes |
| Do you need help with reading and/or writing? □ No □ Yes |
| Any learning disabilities or other educational or learning problems? □ No □ Yes: |
| How do you learn the best? □ Reading □ Writing □ Listening to information □ Practicing |

# EMPLOYMENT/VOCATIONAL:

Clinical Impression: (Staff use only):

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| --- |
| * EMPLOYED □ Full-time □ Part-time □ Contractual/Side Jobs   Employer: Length of Employment: Job Description: Check all that apply: □ Satisfied □ Not satisfied □ Conflict with supervisor □ Conflict with coworkers  □ I have used substances at work □ Others use substances at work  □ Employment will help with recovery □ Employment could hurt recovery Explanation: |
| * UNEMPLOYED Last employer:   Reason for leaving:   * Currently looking for work □ Disabled □ Need job skills training □ Currently in school * Never been employed □ Homemaker □ Unstable work history □ History of Military service * Not looking for work due to: |

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| Clinical Impression: (Staff use only): |

***LEGAL:***

Current Legal Status: □ None □ Probation □ Parole □ Awaiting Sentencing □ Awaiting Trial History of Legal Charges:

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| --- | --- | --- |
| Charge (most recent first) | Year Arrested for  Charge | Outcome |
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| Clinical Impression: (Staff use only): |

# FINANCIAL STATUS:

Check all that apply:

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| Finances are: □ Stable □ Struggling to pay bills □ Need assistance with basic needs |
| Need help with: □ Nothing □ Rent/Mortgage □ Food □ Utilities (electric, gas, water)   * Healthcare □ Transportation □ Other: |
| Money management: □ Able to budget □ Gambling problems □ Compulsive spending □ Hoarding money |

# FUNCTIONAL ASSESSMENT:

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| Client able to care for self? □ Yes □ No – Explain: |
| Living Situation: □ Housing adequate □ Housing overcrowded □ Housing dangerous   * Doubled up – living in someone else’s house □ Transitional or ¾ housing * Homeless □ Temporary Shelter □ At risk of homelessness |
| Assistive/Adaptive Needs: □ Glasses/Contacts □ Braille □ Cane   * None □ Hearing Aids □ Reads lips □ Needs sign language   + Walker □ Crutches □ Wheelchair   + Translated verbal information – Language:   + Translated written information – Language: |

***SNAP (Strengths, Needs, Abilities and Preferences)***

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| --- |
| Strengths: □ Family support □ Desire for help □ Social support □ Financial stability □ Spiritual   * Resilient □ Stable relationship □ Stable housing □ Other: |
| Needs: □ Coping skills □ Relapse prevention skills □ Support for recovery □ Medications   * Transportation □ Financial help □ Other: |
| Abilities: □ Insightful □ Good communication skills □ Good writing skills   * Other: |
| Preferences: □ Appointment times – Needs: □ Therapist in Recovery   * Male Therapist □ Female Therapist □ Group therapy □ Individual therapy |

27/2012 RM