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 representativeName: 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:

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

History of Substance Abuse Treatment: □ No previous treatment

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Treatment Program | Type ofTreatment | 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:

|  |  |  |  |
| --- | --- | --- | --- |
| * 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 ofTreatment | 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:

|  |  |  |
| --- | --- | --- |
| Medical Condition(s): | Medication(s) | Dose |
|  |  |  |
|  |  |  |
|  |  |  |

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)

|  |
| --- |
| 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):

|  |  |  |
| --- | --- | --- |
| * 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?

|  |  |  |
| --- | --- | --- |
| * 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:

|  |
| --- |
| 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 hascustody? | Child liveswith? | 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 notunderstand recovery | Usedsubstances 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:

|  |
| --- |
| Clinical Impression: (Staff use only): |

# CURRENT SOCIAL SUPPORTS:

Clinical Impression: (Staff use only):

Check all that apply:

|  |  |  |
| --- | --- | --- |
| * 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):

|  |  |  |
| --- | --- | --- |
| * 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

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

|  |
| --- |
| Clinical Impression: (Staff use only): |

# EDUCATIONAL:

Check all that apply:

|  |
| --- |
| 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):

|  |
| --- |
| * 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:

|  |  |  |
| --- | --- | --- |
| Charge (most recent first) | Year Arrested forCharge | Outcome |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

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| --- |
| Clinical Impression: (Staff use only): |

# FINANCIAL STATUS:

Check all that apply:

|  |
| --- |
| 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)***

|  |
| --- |
| 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