

APPENDIX A
BIOPSYCHOSOCIAL

DEMOGRAPHICS

Name: _____ DOB: _____ Age: _____
Address: _____
SSN#: _____ Home Phone: _____ Cell Phone: _____
Driver's License #/State: _____
Gender: _____ Race: _____ Height: _____ Weight: _____
Allergies: _____
PCP name/number and address: _____

FINANCIAL

Primary Source of Support: _____ Annual Household Income: _____
Do others contribute to you financial support? _____ Who? _____
Medical Insurance Name: _____ Number: _____
Note: Make sure copy of insurance card and Dept. of Welfare info is in chart

MARITAL STATUS

Single Cohabiting Widower Married x 123
 Separated Separated Common Law Divorced x 123

CURRENT LIVING ARRANGEMENTS (MARK ALL THAT APPLY)

With Spouse With Mother Alone With Partner With Father
 With Children With Stepfather With Stepmother Shelter (, _____
 With Friends Other Relative Other _____

EMERGENCY CONTACT (must get release of information before contacting)

Name:

Relationship:

Address:

Phone #:

PRESENTING PROBLEM

Describe the impact of substance abuse/dependency on your life:

Describe why you came into treatment this time; what were the circumstances?

SUBSTANCE ABUSE/DEPENDANCE HISTORY AND PATTERNS

Substance Ranking	Substance	Amount	First Use	Last Use	Method	Pattern of use/ Length of abuse/dependency
Primary						
Secondary						
Additional						
Additional						
Additional						

Are you a Smoker: __no __yes, how many per day? ____

Treatment Information (list in reverse chronological order)

Facility	Type of Tx	Approximate Dates Mo./Yr.	Reason for Discharge	Length of Abstinence after Tx/Factors of Relapse

ADDICTION CHARACTERISTICS AND PATTERNS

1.) Describe what has been helpful and not helpful in past treatment:

2.) Do you think this treatment experience will similar or different from previous treatments? How and why?

3.) Describe the factors that contributed to your past relapse(s):

4.) Describe your longest periods of sobriety/clean time and the circumstances that contributed to this?

5.) Looking back, what do you believe were the primary factors that allowed you to stay sober/clean?

6.) Being specific, what do you believe are the most significant "triggers" that lead you to use now?

7.) How confident are you in your ability to achieve sober/clean health through this treatment?

not at all confident

extremely confident

(1)

(3)

(5)

Please explain:

MENTAL HEALTH HISTORY

Have you ever been hospitalized for psychiatric reasons? __ NO, if yes, for what, where and when?

Describe any emotional or psychiatric difficulties currently or in the past including those that resulted in treatment :

Have you ever been prescribed medication for emotional or psychiatric reasons? _No If yes, please list the medications and your response to them:

Note: A release of information is required to obtain information about any previous or current treatment experience.

MEDICAL

Describe you current medical difficulties:

Describe any significant past medical difficulties: *(including hospitalizations for medical problems)*

Medication History

Medication Name	Dose	Doses per day	Administration method		Reason for Use
			Oral	Non-oral (route?)	

NUTRITION ASSESSMENT

Describe your eating patterns:

Identify any dietary restrictions:

Have you ever binged and purged your food and/or severely restricted eating? _No If yes, describe treatment experiences, if any:



EDUCATION

Highest grade completed: K 12 3 4 5 6 7 8 9 10 11 12 1 2 3 4 4+ GED VOE

If you did not graduate please explain why:

Describe any problems in school due to substance abuse:

Describe any other problems in school that were present before or apart from substance abuse:

Describe any difficulties with reading and/or writing:

Is English your primary language? If not, how did this impact your education experience?

Any thoughts about continuing your education or returning to school? _No If yes, describe:

Note : Any difficulties identified should be in the treatment plan as a deferred problem .

EMPLOYMENT

1.) Please identify two most recent jobs held:

Employer/Position:

Dates of employment:

Reason for leaving:

Employer/Position:

Dates of employment:

Reason for leaving:

2 .) Describe any period of steady employment. When? What made it steady for you?

3.) Describe any period of unemployment or underemployment? When? What were the factors?

MILITARY SERVICE

Served in the armed forces? _No

If yes, which branch? Dates: Where stationed? Type of discharge?

Describe any problems while in the military:

Any combat? _____ No If yes, where and dates of service:

Describe any related problems:

LEGAL HISTORY

Number of arrests: Number of convictions: Number of incarcerations:

List charges applied to these arrests:

If applicable, comment how legal problems related to substance abuse:

Name of P.O.: Phone:

Are you legally mandated to be in treatment? Y / N

(Note: A release of information is required to obtain information and communicate with PO.)

FAMILY OF ORIGIN

List biological parents (include age, health status, cause of death)

Who raised you?

Please describe the strengths and weaknesses of your relationship with your mother, father, and/or any person(s) who raised you:

What are the names and ages of your siblings?

Describe your relationship with your siblings:

Please describe what it was like growing up in your family:

Identify any other significant family members in your life:

Are there any members of your family besides yourself who have a history of any of the following: If yes, cite who, describe the problem, treatments and current status?

Alcoholism:

Drug use/abuse:

Psychiatric:

What level of involvement do you expect any of your family members or others will have in your treatment? Describe your support system:

RELATIONSHIP HISTORY

Are you in a relationship now? If yes, identify your partner's name, length of relationship and describe the relationship:

Are alcohol/drugs involved in this relationship? If yes, explain:

Do you have any children from this relationship? If yes, please list names and ages and describe your relationship with these children:

Do you have children from any other relationship? If yes, by how many partners? ___. Please list the children's names, ages and a description of your relationship with them:

SEXUAL HISTORY

At what age did you become sexually active?

Any experience with partners of the same sex as you? If yes, with which gender do you prefer to have sexual relations?

How many sexual partners have you had in the past 12 months?

Have you ever paid or received sex for money? If yes, please describe:

Have you ever had sexual relations with anyone known to have HIV or AIDS? If yes, are you still in this relationship and please describe your relationship:

Describe if and how your substance abuse problem have impacted your sex life:

Do you enjoy sex? If no, please describe why and when you stopped enjoying sex:

ABUSE HISTORY/ AGGRESSION ASSESSMENT

Emotional Abuse	Survivor As an adult When & by whom?	Survivor As a child When & by whom?	Perpetrator As an adult When & by whom?	Perpetrator As a child When & by whom?
Name calling				
Restrictive activities/friends				
Demeaning jokes				
threats				
humiliation				
jealousy				
Other:				

Physical Abuse	Survivor As an adult When & by whom?	Survivor As a child When & by whom?	Perpetrator As an adult When & by whom?	Perpetrator As a child When & by whom?
Beating/hitting				
Pushing/shoving				
Tying/restraining				
kicking				
stabbing				
choking				
burning				
Pulling hair				
Other:				

Sexual Abuse	Survivor	Survivor	Perpetrator	Perpetrator
	As an adult When & by whom?	As a child When & by whom?	As an adult When & by whom?	As a child When & by whom?
Forced sex				
Cruel sexacts				
Made to have sexwith others				
Forced to strip				
Exposure to explicit sexual material				
Inappropriate touching				
Other:				

Describe when and how you have felt yourself to be the victim of other's aggression:

Describe situations when you have been aggressive towards other and/or had much difficulty controlling your aggression towards others:

Have you ever fantasized or carried out an act to hurt yourself in any way? _____ Denied

If yes, please explain:

Have you ever fantasized or carried out an act to hurt someone else in any way? _____ Denied

If yes please explain:

FINANCIAL RESPONSIBILITY

On a scale from 1-5, how do you feel that you handle money?

Very poor Exceptional

(1) (3) (5)

Please explain:

Describe current debt:

Describe any other financial difficulties including those related to substance abuse:

RECREATIONAL ACTIVITIES

Please describe your social/recreational outlets:

With whom do you do these activities?

Is there any substance abuse involved? If yes, please explain:

Please describe any groups with which you are affiliated?

SPIRITUALITY

What are your current spiritual beliefs?

Is this important to your recovery?

How do you spiritual beliefs impact your daily life now?

How has your spirituality changed or evolved in your life?

MENTAL STATUS (check all that apply)

Appearance: Grooming Normal Disheveled _Unusual (describe _____)
Hygiene Normal __Body Odor _Bad Breath __ Other (_____)

Motor Activity: Normal _Restless/Agitated _Pacing Sedate
_Psychomotor Retardation _Posturing _Tics
_Tremors _Other (_____)

Interpersonal: __Cooperative _Oppositional _Resistance _Defensive
_Other (_____)

Speech: Normal Pressured _Slow _Other (_____)

Receptive Language: Normal _Abnormal (_____)

Mood: Normal Euphoric Elevated _Depressed
_Angry Irritable _Anxious

Affect: _Appropriate Restricted _Blunted Flat
_Inappropriate Labile _Other (_____)

Orientation: Normal _Abnormal (_____)

Estimated IQ: _Above Average _Average _Below Average

Attention: Normal Distractible _Hyper vigilant

Concentration: Normal Brief

Memory: No Difficulties _Short Term _Long Term

Thought Process: _Normal _Blocking Loose Associations _Grandiosity
_Perseveration _Tangential _Circumstantial

Thought Content: _Clear Incoherent _Idiosyncratic _Obsessions _Phobias
_Compulsions _Delusions _Suicidal Ideation
Homicidal Ideation

Hallucination: __None _Auditory Visual _Olfactory
 _Gustatory _Tactile

Judgment: __Good Fair Poor

Insight: __Good Fair Poor

Impulse Control: __Good Fair __Poor

GOALS

What are your goals for treatment in this program?

- 1.)
- 2.)
- 3.)
- 4.)

DEFENSE MECHANISMS (check all that apply)

Acting out	Affiliation	Altruism	Anticipation	Autistic fantasy
Devaluation	Displacement	Dissociation	Denial	Humor
Idealization	Intellectualization	Isolation of affect	Omnipotence	Projection
Rationalization	Reaction formation	Repression	Self-assertion	Self-observation
Slitting	Sublimation	Suppression	Undoing	
Projective identification	Help-rejecting complaining	Passive aggression		

STRENGTHS AND CHALLENGES (check all that apply)

Strengths

Compassionate	Complaint	Educated/skilled	Family supports
History of sobriety	Hopeful/optimist	Intelligent	Interest in treatment/seek help
Insight	Intimate supports	Mature	Ownership of problems
Perseverance	Positive interest	Positive outlook	Positive spiritual life
Realistic	Social support	Stable employment-now	Stable employment-past
12step meeting interest/attends			

Challenges

Anti-authority hx	Blames others for problems	Can't function independently	Disinterested ion tx
Full of shame	Hostile	Immature	Insight poor
Poor impulse control	Poor judgment	Lives w/alcoholics	Lives w/addicts
Passive aggressive	Problems understanding	Psychiatric problems	Poor self-image
Self-hatred	Poor support system	Uneducated	Unusual values/norms
Poor work hx			

INITIAL PROBLEM LIST (provides a listed summary of problem areas identified earlier using this assessment tool. Identify priority problem areas and make it into a treatment goal for the first recovery plan).

Substance Abuse	
Drug abuse current (specify):	Alcohol abuse current:
Drug abuse past (specify):	Alcohol abuse past:
Unsuccessful treatment history:	Tobacco addiction:
Mental Health	
Suicidal ideation current:	Homicidal ideation:
Suicidal ideation past:	Homicidal ideation past:
History of injury to self:	History of injury to others
Psychiatric diagnosis current (specify):	History of MH concerns for PIR (specify):
Psychiatric diagnosis past (specify):	History of MH concerns for others (specify):
History of trauma-no symptoms:	Untreated/undiagnosed psych problems (specify):
History of trauma w/symptoms (specify):	Active symptoms (specify):

Physical Health	
HIV/AIDS	Nutritional problems {specify):
Hepatitis A, B, or C (specify):	Poor hygiene:
Sleeping problems:	Active health problems(specify):
Family/Relationships	
Estranged from family of origin:	Domestic abuse-current:
Estranged from partner	Domestic abuse-past
Estranged from children	Current relationship problems (specify):
Poor parenting skills:	Current relationship problems (specify):
Lost Custody of child/children	Unstable relationship history:
Child care needs	No support/isolated
Life Circumstances	
Homeless-current:	Lives with drug addict(s):
Nearly homeless:	Lives with alcoholics:
Unemployed:	Financial problems (specify):
Underemployed:	Time management problems:
Did not complete high school GED:	No recreational interest:
Vocational/lack of skills:	Compromised learning problems (specify):
Legal history:	Probation/Parole :

Counselor Signature and Credentials: _____

Date Completed: _____