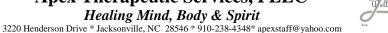


Healing Mind, Body & Spirit





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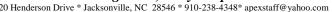
ADULT Comprehensive BioPsychoSocial History Interview& **Diagnostic Assessment/Evaluation**

Updated 2/25/16

The following Client information will be used to facilitate treatment planning and process. It may also be used to support/formulate the assignment of a DSM-V diagnosis. Please complete the information and place in Client's file. The information should be gathered before a formal assessment is completed but can also be used to develop a treatment plan and throughout the treatment process.

DOD.
DOB:
Counselor Conducting Interview/Title:
Date of Interview:
<u>Demographics</u>
Age: Race:
Legal Guardian: Self Parent Other:
Military: Y N Branch:
Current Living Situation:
Homeless Private Residence Facility Shelter Temporary Other:
Please list those currently living in your household: (Name, age, relationship)
1
2
3
4
Do you know: DAY TIME YEAR
WHY ARE YOU HERE?
Voluntary Involuntary Referral Accompanied by: Self Other:
(Counselor) Short Term Memory: BALL ORANGE CAR
Family of Origin History
ramuv oi Origin Aisiorv
Family of Origin History Are you adopted: Y N Details:
Are you adopted: Y N Details:
Are you adopted: Y N Details: Where were you born?
Are you adopted: Y N Details:
Are you adopted: Y N Details:
Are you adopted: Y N Details: Where were you born?







Your childhood relations	hip w/ Mom: None Good	Bad Rocky Other:
Father's name:	1	Age: / Deceased:
Occupation:	Health	Age:/ Deceased:
Where does he live now?		
Your current relationship	w/Dad: None Good	Bad Rocky Other:
		Bad Rocky Other:
		rated, how old were you when they
		ce/separate?
Who did you grow up wi	th?	
Did either of your parents	s remarry? Y N, if so ho/	when:
Siblings: Brothers/Sister		
	sibling/s now: None Good	
Other:		
Your relationship/s with Other:	sibling/s during childhood:	None Good Bad Rocky
Growing up, did you exp	erience or witness any of th	ne following in your home:
Domestic violence		<u> </u>
		Infidelity Adoption
Substance Abuse		
Divorce		Military Life/Deployments
Medical Issues	DSS involvement	* * *
Did your family practice	religion? Y N Details:	
Cultural/Spiritual/Recre		
• ,	ty, religion):	
Describe any cultural issu	ues that contribute to curren	it problem(s):
Currently active in comm	nunity/recreational activities	s? Y N
	unity/recreational activities	
Currently engage in hobb		,, <u>*</u> 11
Currently participate in s		
If answered "yes" to any		
ii answered yes to ally	or the above, describe.	





<u>Developmental Histo</u>					
	birth? Y N DK _				
Disabilities: None	Cognitive MR He	earing Speech Sight Mobility			
	velopmental delays or				
Explain: Were there any significant events or problems? Y N Details:					
Were there any signi	ficant events or proble	ems? Y N Details:			
How were you discip	olined?				
Did you consider it a	ppropriate or abusive:	?			
Did you have behavi	or problems growing u	up? Explain			
For:	nseling as a child: Y				
Were you emancipat	ed from your home?	Y N At what age?			
Did you witness or e	xperience any traumat	ic events during your childhood? What?			
Educational History HS Diploma College degree	_ 				
Did you like school? Did any of the follow Advanced/Gifted Cla Learning Disorder	ving apply to you? Y asses Behavior Cla Attention Disorder				
Did you work while Did you date in high Did you use alcohol Did you use drugs? Were you ever suspe Were you ever arrest	school? Y N and how much? Y N What did you use? Y I ended/expelled? Y N ted? Y N Explain: ng with your teachers?	did you do?			





Currently: Employment Status: How long have you been at your current or most recent job? Describe your current job satisfaction: NA Very Dissatisfied Mildly Dissatisfied Neutral Satisfied Very Satisfied Are you disabled? Y N Nature of Disability: Social Security Disability SSI Pending Denied Are you your own payee? Y N Military Service None Veteran Active Duty Disabled Current/ Former Spouse/ Dependent Officer Enlisted Warrant Officer Retired Branch: Highest Rank: Current Duty Station: Enlistment Date: Discharge Date: Family history of military service: Y N: Do/did you like being in the military? Y N Disciplinary Actions? Y N # Deployments/where/when? Significant Experiences: -Nightmares -Reliving events - Intrusive thoughts -Becoming upset when exposed to reminders -Efforts to avoid thoughts/ feelings or conversations about events -Avoiding physical reminders - Inability to recall aspects of the event -Diminished interest in previously enjoyed activities -Diminished energy -Feeling estranged or detached -Sense of foreshortened future - Difficulty concentrating -Tritability - Outbursts of anger - Difficulty concentrating -Physical signs -Other changes: Have you been evaluated for PTSD or combat stress? Y N Details: Are you experiencing other changes or effects that you attribute directly to deployment? Y N	Vocational/Military History:	
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		t you attribute directly to deployment? Y N

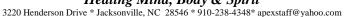




Details:			
Social/Marital History	NA		
#Marriages #Di	vorces Single	e Single-Parent	ţ
Sexual Orientation:			
Are you currently/actively			
Date of Marriage:	Date o	of Divorce:	
If yes, Spouse's name:	Ag		
How long have you know	each other?	·	
How did you meet?			
Spouse's employment:			
Does your spouse reside	with you? Y N:		
If not, where:			
Status of the relationship			
Significant marital/relation	onship issues:		
_	Arguing	Sexual Problems	Substance Abuse
Sexuality issues	Financial	Parenting	Infidelity
Religious	Cultural Differences		Mental Illness
Pregnancy	Disability	In-laws	
Separation	Infertility	Miscarriages	1 /
Other:	•		
Total # of Children: (name, age, full/half-/step	-	# from previo	ous partners:
Total children living in he Relationship/Parenting is: Details:	sues with children: Y N		
If you are NOT married, of First nameHow long have you know How serious is this relation.	Age Cur y each other? conship?	rrently lives where?	
Are there any children? Additional	i N Pregnant Miscari	riage	
Are you happy with your			
Have you had any proble	ms with past relationships	s? Explain	



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Do you have at least one significant friendship that is not romantic? Y N Have you ever had the same friend for more than a year? Y N Do you spend times with your friends away from your significant other? Y N Who do you consider to be your strongest family or social supports? None or List:

How would OTHERS describe you? Friendly Loner Shy Outgoing Laid Back Generous Selfish Haughty Ugly Happy Type "A" Fun Humble Attractive Complainer Picky Mean Argumentative Intimidating Other: Legal History	How would	you describe	yourself?					
Generous Selfish Haughty Ugly Happy Type "A" Fun Humble Attractive Complainer Picky Mean Argumentative Intimidating Other: Legal History Current or Pending legal issues: Y N Adult Juvenile Details: Prior legal issues: Have you ever been incarcerated, if so, when, where and why? Y N Substance Abuse/Use History *Alcohol/Drug Use: Y N Current Past Under the influence now Been hospitalized Arrests Job Loss DT's Family Problems Blackouts IV Drug Use Family Hx If someone else, who? Drug/s of Choice: None Alcohol Marijuana Tranquilizers Opiates Heroin Barbiturates Amphetamines PCP Cocaine Crack Hallucinogen Inhalants Prescription Drugs Cigarettes Caffeine Other: Consequences of Substance Abuse: Hangovers Withdrawal Symptoms Sleep Disturbance Binges Seizures Medical Conditions Assaults Job Loss Blackouts Tolerance Changes Suicidal Impulse Arrests Overdose Loss of Control Relationship Conflict Other: Last Use:			•					
Type "A" Fun Humble Attractive Complainer Picky Mean Argumentative Intimidating Other: Legal History				_	•			
Picky Mean Argumentative Intimidating Other:	Generous	Selfish	~ .			-		
Other:								
Current or Pending legal issues: Y N Adult Juvenile Details:	•		_		Intim	iidating		
Current or Pending legal issues: Y N Adult Juvenile Details:	Legal Histor	·v						
Prior legal issues: Have you ever been incarcerated, if so, when, where and why? Y *Alcohol/Drug Use: Y N Current Past Under the influence now Been hospitalized Arrests Job Loss DT's Family Problems Blackouts IV Drug Use Family Hx If someone else, who? Drug/s of Choice: None Alcohol Marijuana Tranquilizers Opiates Heroin Barbiturates Amphetamines PCP Cocaine Crack Hallucinogen Inhalants Prescription Drugs Cigarettes Caffeine Other: Consequences of Substance Abuse: Hangovers Withdrawal Symptoms Sleep Disturbance Binges Seizures Medical Conditions Assaults Job Loss Blackouts Tolerance Changes Suicidal Impulse Arrests Overdose Loss of Control Relationship Conflict Other: In Remission: Last Use:	Current or Po	ending legal i				uvenile		
Substance Abuse/Use History *Alcohol/Drug Use: Y N Current Past	Prior legal is	sues:						
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Other:	Inhalants	Pre	scription Drugs	Cigaret	tes		_	
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Other: In Remission: Last Use:	Medical Con						nce Cha	nges
	-						Relatio	onship Conflicts







At what age did you s	start?: How	many total years?	
Sub	ostance, Route, Age of	£1 st use, Routine Amou	int, Frequency
Route: oral, inhale, s			
	O V	nonth, 1-3x mth, 1-2x v	vk, 3-7x wk, daily
1			
2			
3	Withdrawal	Symptoms: Y N NA	<u> </u>
If yes, details:			
Have you ever been t	old you have a proble	m? Y N	
	ave a problem? Y N		
Do you think you NE			
	treatment? Y N: Inp	atient Outpatient	
Have you ever been i			
If yes, when, where a	nd how long?		
•	-	n with substance abuse	
Medical History			
	r current physical heal	lth? Good Fair Poor	
	hat you see regularly?		
When was your last d	loctor's visit?		
Have you had any ma	ajor illness, hospitaliza	ations or surgeries? If y	ves, when and where?
Please circle any of the	ne following major ill	nesses that run in your	family:
Tuberculosis	Heart disease	Birth Defects	High Blood Pressure
Emotional Problems		Alcoholism	Drug Abuse
Thyroid Problems	Diabetes	Cancer	Alzheimer's Disease
Dementia	Mental Retardation	Stroke Other	;
Are you affected by a	terminal illness? Y	N	
Are you currently pre			
	# of live births	s:	
		ledical conditions? Y	N
Cancer Hyper	tension Heart Proble	ems Stroke	HIV





		Frequent UTI		Disability	
Current Me	dications: (m	ed, route, dosage, frequ	ency, for what) N	ONE or list below or att	ach list
			=		
3.					
4					
	ur meds mak	ke you feel?			
		ype:			
Mental Hed	alth History				
		ed for any mental healt	h/ psychiatric pro	blem/diagnosis? Y N	1
		oitalized for psychiatric		2	
	ounseling/The				
	_	± •			
Family histo	ory of mental	illness: Y N			
•	•				
•		edications: (med, route,	•	• • • • • • • • • • • • • • • • • • • •	
l					
2					_
3					_
4					_
Who presci	ribes them?				
Last appoi	ntment:	Next	appointment: _		
If none: wil	l you conside	r taking psychotropic n	neds if indicated b	by doctor? Y N	
				ing symptoms (0 – Not	
applicable	to 10 – I am	feeling or have felt thi	is <u>very</u> strongly!)	and if your rating is fo	r
currently (C) or for th	e past (P).			
Example: "L	Depression: 0P	9C" would mean you ha	ve felt no depressio	on in your past but a great d	deal of
depression c	urrently.				
Experience	d Recent Loss	s? Y N			
-		Appetite: _			
		Sleep Probl			
		Isolation/W			
		Emotionalit			
		Poor Groom			
		Laxative/Di			
		Somatic Co			







Conduct Problems: _		Oppositional Behavior:		
		Fatigue:		
Crying:		Worthlessness:		
		Loss of Interest:		
Delusions:				
Paranoia:		Mood Swings:		
Anxiety:		Grandiosity:		
Impulsiveness:				
Hyper/Hypoactivity:		Talkative:		
Compulsive beh:		Obsessive Thoughts:		
Panic Attacks:		Excessive Worry:		
Fears/Phobias:		Avoidance:		
Flashbacks:		Nightmares:		
Dissociative Episode				
		Impaired Memory:		
		Stealing:		
		Purging:		
Sexual Issues:		Substance Use/Abuse:		
Fighting:		Promiscuity:		
_		_ Running Away/desertion:		
		_ Euphoria:		
		Self-mutilation:		
Anger Issues:		_ Repetitive Behaviors:		
Fidgeting:		_		
Other:				
HX of Trauma: Y	NT			
Rape Victim Witness to trai				
Robbery victim	•	se Verbal Abuse		
Sexual Abuse	Victim of DV			
TBI	PTSD	Shooting Victim		
Natural Disaster		nediate Family Member		
Other:				





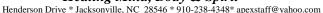


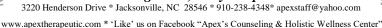
FOR COUNSELOR INTERVIEW ONLY

Mental Status *Orientation/								
	Place	Time		Situati	on			
Cison	1 lacc	Time		Situati	Oli			
*Brief Physica	al Desc	ription/Appea	rance:					
<u>General</u>		<u>Height</u>	Posture	<u>e</u>	<u>Weight</u>		<u>Age</u>	
Appropriate		Average	Relaxe	d	Average		Normal	
Well groomed		Short	Stiff		Underweight		Older	
Poor Hygiene		Tall	Slouch	ed	Overweight		Younger	
Other:								
*Attitude								
Appropriate		Passive		Passiv	e/Aggressive		Reserved	
Cooperative		Resistant		Bellige			Guarded	
Negative		Hostile		Sarcas			Resentful	
Suspicious		Manipulative		Tense			Arrogant	
Immature		Other:						
*Motor Activ	itv							
Unremarkable	·	Restless		Pacing	ζ	Tremu	lous	
Hyperactive		Motionless		Tic			Fidgety	
Other:							•	
*Affect								
Appropriate		Нарру		Bland		Labile		
Restricted		Agitated		Subdu	ed	Flat		
Other:								
*Mood								
Appears Stable	2	Confus	sed		Apathetic		Fearful	
Anxious		Eupho	ric		Depressed		Angry	
Tearful		Other:						
*Thought/Spe	ech							
Normal		Repetitive		Rambl	ing	Slurred	1	
Flight of Ideas		Tangential		Disorg	ganized	Mumb	led	
Paranoid		Psychotic						
Other:								
*Cognitive								
Normal		Overly Concre	ete		Failed to grasp	p nature	of questions	
Easily Distract		Poor Abstract	Thinkir	ng	Indecisive			
Impressionable	e	Other:						



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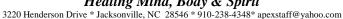




Long Term Memory: Intact Difficulties: Mild Moderate Extreme *Recall: BALL ORANGE CAR Short Term Memory: Intact Difficulties: Mild Moderate Extreme *Insight Good Poor Average HAVE YOU HAD PAST OR CURRENT THOUGHTS OF HARMING YOURSELF OR ANOTHER? Y N *Danger to self or others Family HX of suicide Suicidal/Homicidal ideations None Accident Prone S/H Plans Probable High Risk Supervision available Has Crisis plan Needs Crisis/Safety Plan Plans of suicide/homicide: Recent suicidal attempts: Past suicidal attempts: Hx of assault/homicide: Hx of self injury: Hx of hurting an animal: _____ Additional Information: DO you currently practice religion/spirituality? Y N Details: **Strengths:** Deficits/Problems/Needs/Areas of Impairment to address through counseling or via referral: Coping skills Anger management MH symptoms Community resources Social Skills Living Skills Communication Transportation Medications Couples Counseling Parenting SA Treatment Self Esteem Grief Resilience Recovery Other: Other Professional Supports Currently in Place: Areas of impairment: (GAF): Date: Marital/Intimacy/Family Academic Health Housing **Spiritual** Vocational Social Leisure Financial Safety Legal Occupational Support System



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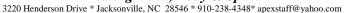
Outstanding issues needing addressed	
Ethnic/ Cultural/Individual Considerations:	
<u>MH Service/Referral Recommendations:</u> Counseling Referral Medication, etc. Details:	
This assessment is based on information collected from the following sources:	
My interview with the following: Patient Family Members: Friends: Others: Review of records (Specify): Other sources:	

Individual Risk Reduction Factors and Individual Risk Factors: For hospitalized patients, this should include an assessment of the risk of elopement.

Clinician's Formulation of Risk: using the risk factors and risk reduction factors identified above, describe your estimation of the consumer's imminent and long term risk for suicide as well as necessary interventions to assure consumer's safety and facilitate stabilization. Describe your clinical reasoning in details.



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<u>Interventions:</u> Document interventions which directly address mitigating those risk factors which are identified and can be addressed either clinically or with the help of natural supports. For consumers where a formal crisis plan is developed, that may serve to complete this section by attaching a copy of that plan.

<u>Any Other Special Needs of Client:</u> *Is there anything to take into consideration when developing a treatment plan for the Client?*







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Treatment Planning In order of significance, what issues do you WANT to focus on in therapy?
What are your expectations for therapy? When will you know that you made progress or are ready to terminate?
What information/referrals or other assistance would you like us to provide you with, if possible?
What or who is your best source of support/comfort?
Other information not addressed above:
Releases Needed:
Tx Goals Identified by Therapist:

END INTERVIEW HERE

If this format will be used/filed as a completed comprehensive psychological evaluation, do not write in margins. Place misc information and notes on the back.