

## Biopsychosocial Assessment

### ***Client Information:***

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

What problem or crisis led you to seek treatment at the time?

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What do you hope to gain by treatment:

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### ***Alcohol & Drug History:***

Briefly describe your first use of alcohol and/or other drugs (age, what drug, what happened, where, with who?):

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Describe how your drinking/using progressed or developed from first use to present:

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What substances do you use more often?

Have you ever attended AA? Yes \_\_\_\_\_ No \_\_\_\_\_

How long did you attend? \_\_\_\_\_

How many times per week did you attend? \_\_\_\_\_

When did you last attend? \_\_\_\_\_

Did you use a sponsor? Yes \_\_\_\_\_ No \_\_\_\_\_

Longest period of abstinence in the program? \_\_\_\_\_

What ways and means have you used to try to stop drinking/using?

Have you tried to control the amount of your drinking/using? Yes \_\_\_\_\_ No \_\_\_\_\_

What happened?

How did you try to hide/conceal your drinking/using?

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When do you do most of your drinking/using?

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How often have you been intoxicated (alcohol) in the past six months?

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How many times have you been "high" in the past six months?

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What does drinking/using do for you?

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Are you an alcoholic? Yes \_\_\_\_\_ No \_\_\_\_\_ Do

you want to stop drinking? Yes \_\_\_\_\_ No \_\_\_\_\_ What

is your definition of an alcoholic?

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Are you chemically dependant? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you want to stop using? Yes \_\_\_\_\_ No \_\_\_\_\_ What

is your definition of a chemically dependant person?

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How has the use of alcohol and/or drugs affected the following areas of your life?

**Health:** (Include accidents/injuries while under the influence, illnesses):

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**Family:** (Parents, relatives):

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**Sexuality:** (Include changes in desire, frequency, values; also, promiscuity, infidelity, obsession with pornography, unwanted pregnancies, contraction of sexually transmitted diseases):

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**Socially:** (Community involvement, change in friends, isolation):

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**Legally:** (List all arrest and convictions related to alcohol/drug use):

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**School:** (Conflicts with teachers, truancy, failing grades, conflicts with other students, illegal activities):

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**Self Worth:** (Describe how your feelings about yourself have changed):

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**Spirituality:** (Has your relationship with a higher power changed?):

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***Family of Origin:***

Describe the community/neighborhood you grew up in:

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How would you describe your family:

Well off: \_\_\_\_\_ Comfortable: \_\_\_\_\_ Poor: \_\_\_\_\_ Struggling: \_\_\_\_\_ Describe  
your home life as a child:

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What cultural traditions were practiced in your family of origin?

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What spiritual/religious traditions were practiced in your family or origin?

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Are you adopted? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, at what age were you adopted? \_\_\_\_\_

Describe any family history of mental illness or suicide:

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**Mother:**

Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Is your mother living? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, how old were you when she died? \_\_\_\_\_

How did she die?

Describe your mother as you remember her as a child:

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In what ways are you like your mother?

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**Father:**

Occupation: \_\_\_\_\_

Religion: \_\_\_\_\_ Ethnicity: \_\_\_\_\_

Is your father living? Yes \_\_\_\_\_ No \_\_\_\_\_ If not, how old were you when he died? \_\_\_\_\_

How did he die?

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Describe your father as you remember him as a child:

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In what ways are you like your father?

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**Siblings:**

List all of your brothers and sisters:

Name	Sex	Age	Occupation	Education

**Parents:**

How was discipline handled in your family?

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Were you ever physically abused with discipline by:

Mother: Yes \_\_\_\_\_ No \_\_\_\_\_ Father: Yes \_\_\_\_\_ No \_\_\_\_\_ Someone Else: Yes \_\_\_\_\_ No \_\_\_\_\_ If so,

how:

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Were you spanked with anything other than by hand? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

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Were you left alone for any length of time or put in charge of younger siblings prior to age 12?

Yes \_\_\_\_\_ No \_\_\_\_\_ Describe:

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How did your parents feel about the use of alcohol/drugs?

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How did your parents get along with each other?

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Did they argue? Yes \_\_\_\_\_ No \_\_\_\_\_ Did they have physical fights? Yes \_\_\_\_\_ No \_\_\_\_\_

Was anyone injured during these fights? Yes \_\_\_\_\_ No \_\_\_\_\_

Did your parents divorce? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, how old were you? \_\_\_\_\_

Who did you live with? \_\_\_\_\_

Did either parent remarry? Yes \_\_\_\_\_ No \_\_\_\_\_ Which

parent were you closest to and why?

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Please list and describe other significant people in your life as a child (Grandparent, step parent, live-in-nanny, etc.):

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Please describe briefly any significant childhood events (Death of loved one, verbal abuse, physical abuse, sexual abuse, serious illness or injury of self or family member, major tragedy, etc.):

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Describe your current relationship with your parents:

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Describe your current relationship with your siblings:

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***Current Peer Relationships:***

Describe your social support system with peers, significant other and/or other support:

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Describe current, significant friendships:

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***Spirituality:***

Briefly describe your views on spirituality or religion:

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Have your views changed as a result of drinking/drug use? Yes \_\_\_\_\_ No \_\_\_\_\_

How?

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***Current Family Functioning:***

Describe your current relationship with your family:

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Are they supportive of your recovery? Yes \_\_\_\_\_ No \_\_\_\_\_ Describe

your current neighborhood or community:

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***Legal:***

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_ If

yes, charges?

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Legal problems pending:

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Are you currently on:

Parole: \_\_\_\_\_ Probation: \_\_\_\_\_

Why?

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Does your probation/parole officer know you are here? Yes \_\_\_\_\_ No \_\_\_\_\_

***Mental / Emotional:***

Have you ever had thoughts of suicide? Yes \_\_\_\_\_ No \_\_\_\_\_ If

so, please describe:

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When was the last time you had these thoughts?

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Have you ever attempted suicide? Yes \_\_\_\_\_ No \_\_\_\_\_ How many times? \_\_\_\_\_

When?

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How did you attempt it?

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Have you ever thought you were losing your mind? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

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Have you ever had strange or disturbing thoughts? Yes \_\_\_\_\_ No \_\_\_\_\_  
Explain:

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Have you ever physically hurt another person? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

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***Education:***

Current grade: \_\_\_\_\_ Current grades: \_\_\_\_\_

School attendance: \_\_\_\_\_

Grades prior to chemical use: \_\_\_\_\_

Have you ever been:

Expelled: \_\_\_\_\_ Suspended: \_\_\_\_\_ Behavioral

problems at school:

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Current sports activities:

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Sport activities prior to chemical use:

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Current extracurricular activities:

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Extracurricular activities prior to chemical use:

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Have you been diagnosed with a learning disability or feel you struggle with learning material that seems easier for others? Yes \_\_\_\_\_ No \_\_\_\_\_ Explain:

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***Sexual History:***

Sexual orientation/preference:    Heterosexual: \_\_\_\_\_    Bisexual: \_\_\_\_\_    Homosexual: \_\_\_\_\_

At what age did you start having Sex? \_\_\_\_\_

Do you practice protected sex?    Yes \_\_\_\_\_    No \_\_\_\_\_

What percentage of the time? \_\_\_\_\_

Describe any problems or concerns about your sexuality:

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Have you been sexually abused?    Yes \_\_\_\_\_    No \_\_\_\_\_    Explain:

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Have you ever been forced or coerced into sexual activity against your will?    Yes \_\_\_\_\_    No \_\_\_\_\_    Explain:

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Have you ever forced or coerced another person into sexual activity against their will?    Yes \_\_\_\_\_    No \_\_\_\_\_    Explain:

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***Client's Perspective:***

What are your personal strengths?

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What are your personal weaknesses?

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What issues do you need to address in treatment to stay sober?

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