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Biopsychosocial Assessment

Client Information:

Date: _____

Name: _____

Age: _____ Ethnicity: _____

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

What do you hope to gain by treatment:

Alcohol & Drug History:

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

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

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?

When do you do most of your drinking/using?

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

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

What does drinking/using do for you?

Are you an alcoholic? Yes _____ No _____

Do you want to stop drinking? Yes _____ No _____

What is your definition of an alcoholic?

Are you chemically dependant? Yes _____ No _____

Do you want to stop using? Yes _____ No _____

What is your definition of a chemically dependant person?

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):

Family: (Parents, relatives):

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

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

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

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

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

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

Family of Origin:

Describe the community/neighborhood you grew up in:

How would you describe your family:

Well off: _____ Comfortable: _____ Poor: _____ Struggling: _____

Describe your home life as a child:

What cultural traditions were practiced in your family of origin?

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

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

Describe any family history of mental illness or suicide:

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:

In what ways are you like your mother?

Father:

Occupation: _____

Religion: _____ Ethnicity: _____

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

How did he die?

Describe your father as you remember him as a child:

In what ways are you like your father?

Siblings:

List all of your brothers and sisters:

Name	Sex	Age	Occupation	Education

Parents:

How was discipline handled in your family?

Were you ever physically abused with discipline by:

Mother: Yes _____ No _____ Father: Yes _____ No _____ Someone Else: Yes _____ No _____

If so, how:

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

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

Yes _____ No _____ Describe:

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

How did your parents get along with each other?

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?

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

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.):

Describe your current relationship with your parents:

Describe your current relationship with your siblings:

Current Peer Relationships:

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

Describe current, significant friendships:

Spirituality:

Briefly describe your views on spirituality or religion:

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

How?

Current Family Functioning:

Describe your current relationship with your family:

Are they supportive of your recovery? Yes _____ No _____

Describe your current neighborhood or community:

Legal:

Have you ever been arrested? Yes _____ No _____

If yes, charges?

Legal problems pending:

Are you currently on:

Parole: _____ Probation: _____

Why?

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:

When was the last time you had these thoughts?

Have you ever attempted suicide? Yes _____ No _____ How many times? _____

When?

How did you attempt it?

Have you ever thought you were losing your mind? Yes _____ No _____

Explain:

Have you ever had strange or disturbing thoughts? Yes _____ No _____

Explain:

Have you ever physically hurt another person? Yes _____ No _____

Explain:

Education:

Current grade: _____ Current grades: _____

School attendance: _____

Grades prior to chemical use: _____

Have you ever been:

Expelled: _____ Suspended: _____

Behavioral problems at school:

Current sports activities:

Sport activities prior to chemical use:

Current extracurricular activities:

Extracurricular activities prior to chemical use:

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

Explain:

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:

Have you been sexually abused? Yes _____ No _____ Explain:

Have you ever been forced or coerced into sexual activity against your will?

Yes _____ No _____ Explain:

Have you ever forced or coerced another person into sexual activity against their will?

Yes _____ No _____ Explain:

Client's Perspective:

What are your personal strengths?

What are your personal weaknesses?

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

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