

## BIOPSYCHOSOCIAL ASSESSMENT

Miriam L. Robinson, L.C.S.W.

Thank you so much for taking the time to fill this out.

<b>Name:</b>	<b>Date:</b>
<b>Current Address:</b>	<b>Phone No:</b>
<b>Date of Birth:</b>	<b>Marital/Relationship Status:</b>
<b>Ethnicity:</b>	
<b>First language:</b>	

### *Current symptoms:*

**Psychological: please describe your current symptoms (including severity and duration):**

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**Do you feel depressed? Yes/ No Please give details.**

**Do you feel anxious? Yes/ no Please give details.**

**Do you ever feel suicidal? Yes/No Please give details.**

**History of irritability, anger or violence (e.g. toward others, property, objects?)**

**Are you sleeping normally, too much or not enough?**

**How many hours sleep per night are you getting?**

**Are you waking early?**

**Do you find your sleep refreshing?**

**Is your mood worse at any particular time of day?**

**Is your concentration normal?**

**Are your energy levels normal?**

**Is your appetite normal?**

**Have you recently lost or gained weight?**

**Do you have a past history of psychiatric problems e.g. anxiety or depression? If so please give details and response to any previous treatments.**

**Do you have a current or past history of drug or alcohol abuse? Please give details.**

**Do you have a current or past history of gambling problems? Please give details**

**Have you ever been physically abused by others? If so please give details.**

**Please list significant losses, deaths, traumatic life events.**

***Family Relationships:***

**Are you married or in a committed relationship?**

**If so does your partner live with you?**

**Are there any relationship problems?**

**Do you have any other family living with you?**

**Are there any other family concerns?**

**Do you have any children? If so list below:**

<b>Name</b>	<b>Age</b>	<b>Male/ Female</b>	<b>Do they live with you?</b>

***Family History***

**Is there any family history of mental illness e.g. Depression, anxiety, bipolar disorder, dementia, alcohol or drug abuse? Yes/ No  
If so please give details.**

***Employment status: Please check as appropriate.***

<b>Employed:</b>	<b>Self Employed:</b>	<b>Unemployed:</b>	
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<b>Are you in receipt of any benefits? Yes/ No- please give details.</b>		
<b>Do you have financial worries? Yes/ no- please give details.</b>		
<b>Do you have any family, friends, religious or other social support?</b>		
<b>Do you have any legal concerns? (including police)</b>		
<b>Do you have any housing concerns?</b>		
<b><i>Current and past medical history:</i></b>		
<b>Do you suffer with chronic physical pain? Yes/ no</b>		
<b>Current medication:</b>		
<b>Allergies:</b>		
<b>Do you have any disabilities e.g. Vision, Hearing, Mobility?</b>		

***Education***

<b>Did you complete High School? Yes/No</b> <b>How many years of higher education do you have?</b>
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***Leisure and recreation***

<b>Which of the following do you do? (Select all that apply)</b>			
<b>Spend Time with Friends</b>		<b>Hobbies (Please indicate what they are)</b>	
<b>Sports/Exercise</b>		<b>Listen to Music</b>	
<b>Dancing</b>		<b>Watch Movies/TV</b>	
<b>Time with Family</b>		<b>Stay at Home</b>	
<b>Other</b>			