PART A. BIOPSYCHOSOCIAL ASSESSMENT

1. Presenting Problem

(Client's brief statement as to reason for seeking services, in behavioral terms)

                       
Onset: __________________________ Frequency: __________________________
Duration: ______ Severity: ___Mild ___Moderate ___Severe ___Remission

2. Signs and Symptoms (DSM-IV-TR based) . . . Resulting in Impairment(s)
(e.g., social, occupational, affective, cognitive, physical)

                       
3. History of Presenting Problem
Events, precipitating factors, stressors, and/or incidents leading to need for services: _____

Was there a clear time when Sx worsened? ________________________
Family mental health history: ________________________________

4. Current Family and Significant Relationships
(See Personal History Form)

Strengths/support: ______________________________
Stressors/problems: ______________________________
Recent changes: ________________________________
Changes desired: ________________________________
Comment on family circumstances: ________________________________
5. **Childhood/Adolescent History** (See Personal History Form)
   (Developmental milestones, past behavioral concerns, environment, abuse, school, social, mental health)

6. **Social Relationships** (See Personal History Form)
   Strengths/support: ____________________________
   Stressors/problems: ____________________________
   Recent changes: ______________________________
   Changes desired: ______________________________

7. **Cultural/Ethnic** (See Personal History Form)
   Strengths/support: ____________________________
   Stressors/problems: ____________________________
   Beliefs/practices to incorporate into therapy: ____________________________

8. **Spiritual/Religious** (See Personal History Form)
   Strengths/support: ____________________________
   Stressors/problems: ____________________________
   Beliefs/practices to incorporate into therapy: ____________________________
   Recent changes: ______________________________
   Changes desired: ______________________________

9. **Legal** (See Personal History Form)
   Status/impact/stressors: _______________________

10. **Education** (See Personal History Form)
    In special education? ___ No  ___ Yes (describe): _______________________
    Strengths: ________________________________
    Weaknesses: ______________________________

11. **Employment/Vocational** (See Personal History Form)
    Strengths/support: __________________________
    Stressors/problems: __________________________

12. **Leisure/Recreational** (See Personal History Form)
    Strengths/support: __________________________
    Recent changes: ______________________________
    Changes desired: ______________________________
13. Physical Health

(See Personal History Form)

Physical factors affecting mental condition: ____________________________

14. Chemical Use History

(See Personal History Form)

Patient’s perception of problem: ____________________________

15. Counseling/Prior Treatment History

(See Personal History Form)

Benefits of previous treatment: ____________________________
Setbacks of previous treatment: ____________________________

PART B. DIAGNOSTIC INTERVIEW

Mood

(Rule-in and rule-out signs and symptoms: validate with DSM-IV-TR)

Predominant mood during interview: ____________________________

Current Concerns (give examples of impairments (i), severity (s), frequency (f), duration (d))

Adjustment Disorder

(w/in 3 months of identified stressor, Sx persist < 6 months after stressor, marked distress)

____ Depressed  ____ Anxiety  ____ Mixed anxiety & depression  ____ Conduct

____ Emotions & conduct  ____ Unspecified

Specify disturbance:  ____ Acute (<6 months) __________________ Chronic (>6 months) ____

Impairment(s):  ____ social  ____ occupational/educational  ____ affective  ____ cognitive  ____
____________________ other

Examples of impairment(s): ____________________________

Major Depression (2 or more wks):  ____ Usually depressed or ________ anhedonia. (4+ of following):

____ weight + / (-) 5%/month  _________________ appetite + / (-)  ____ sleep + / (-) __________
psychomotor + / (-)

____ fatigue  ____ worthlessness/guilt  ___________ concentration  ______
death/suicidal ideation

Other:  ____ crying spells  ____ withdrawal  ____________________________
add1. sx __
Impairment(s): ___ social ___ occupational/educational ___ affective ___ cognitive ___

Examples of impairment(s):

---

**Dysthymia** (2 or more years): ___ depressed most of time. (2+ of following):

- ___ low/high appetite or eating
- ___ in/hypersomnia
- ___ low energy/fatigue
- ___ low self-esteem
- ___ low concentration/decisions
- ___ hopelessness
- ___ other

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Impairment(s): ___ social ___ occupational/educational ___ affective ___ cognitive ___

Examples of impairment(s):

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**Anxiety** (GAD: 3+, most of time, 6 months):

- ___ restlessness
- ___ easily fatigued
- ___ concentration
- ___ irritability
- ___ muscle tension
- ___ sleep disturbance

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Impairment(s): ___ social ___ occupational/educational ___ affective ___ cognitive ___

Examples of impairment(s):

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**ODD** (Pattern of negativistic, hostile, and defiant behaviors > 6 months: 4+ of following):

- ___ loses temper
- ___ argues with adults
- ___ actively defies adult's requests
- ___ deliberately
- ___ annoys people
- ___ blames others for own mistakes or misbehavior
- ___ touchy/easily annoyed
- ___ angry/resentful
- ___ spiteful/vindictive

1+ impairment:

- ___ social
- ___ academic
- ___ occupational

---

**Conduct** Repetitive/persistent behavior violating rights of others. 3+ (past 12 mo. 1 in past 6 mos.):

- ___ Aggression to people/animals:
- ___ initiates physical fights
- ___ has used harmful weapon.
- ___ physically cruel to:

1+ impairment:

- ___ social
- ___ academic
- ___ occupational

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**ADHD** Inattention: 6+ Sx, 6+ months:
poor attn/careless mistakes difficult sustaining attn. not listen when spoken to
not follow through difficult organizing, avoids tasks requiring sustained mental effort
loses things easily distracted forgetful and/or Hyperactivity/impulsivity. 6+
hyperactivity
fidgety leaves seat often runs/climbs quiet “on the go”
don’t talk excessively. Impulsivity: blurs out answers difficulty awaiting turn interrupts.
some SX < 7. 1+ impairment: social academic occupational

Other Diagnostic Concerns or Behavioral Issues
(e.g., dissociation eating sleep impulse control thought disorders anger
relationships cognitive phobias substance abuse medical conditions
somatization sexual PTSD, etc.)

Impairment(s): social occupational/educational affective cognitive other

Examples of impairment(s):
**Mental Status**

(Check appropriate level of impairment: N/A or OK signifies no known impairment. Comment on significant areas of impairment.)

<table>
<thead>
<tr>
<th><strong>Appearance</strong></th>
<th>N/A or OK</th>
<th>Slight</th>
<th>Moderate</th>
<th>Severe</th>
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<tbody>
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<td>Unkempt, disheveled</td>
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<td>Clothing, dirty, atypical</td>
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<td>Body odor</td>
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<tr>
<td>Appears unhealthy</td>
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<td>Slumped</td>
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<td>Rigid, tense</td>
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<th><strong>Body Movements</strong></th>
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<th>Slight</th>
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<th>Severe</th>
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<tr>
<td>Accelerated, quick</td>
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<td>Decreased, slowed</td>
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<td>Restlessness, fidgety</td>
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<td>Atypical, unusual</td>
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<td>Slow</td>
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<td>Loud</td>
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<td>Mute</td>
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<td>Atypical (e.g., slurring)</td>
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<td>Domineering, controlling</td>
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<td>Hostile, challenging</td>
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<td>Guarded, suspicious</td>
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<td>Inappropriate to thought</td>
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<td>Euphoria, elation</td>
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<td>Anger, hostility</td>
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<td>Depression, sadness</td>
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<td>Visual hallucinations</td>
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<td>Other hallucinations</td>
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<td>Attn. span, distractibility</td>
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<td>Short-term memory</td>
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<td>Long-term memory</td>
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<td>Judgment</td>
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<td>Severe</td>
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<td>Decision making</td>
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<td>Impulsivity</td>
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<td>Thought Content</td>
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<td>Severe</td>
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<td>Obsessions/compulsions</td>
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<td>Phobic</td>
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<td>Depersonalization</td>
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<td>Suicidal ideation</td>
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<tr>
<td>Homicidal ideation</td>
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<tr>
<td>Delusions</td>
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Estimated level of intelligence:

Orientation: ______ Time ______ Place ______ Person

Able to hold normal conversation? ______ Yes ________

No

Eye contact: ____________________________________________

Level of insight:

____ Complete denial ______ Slight awareness

____ Blames others ______ Blames self

____ Intellectual insight, but few changes likely

____ Emotional insight, understanding, change can occur

Client's view of actions needed to change: ____________________________________________

Comments

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
### PART C. DIAGNOSIS VALIDATION

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<th>Code:</th>
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<td>DSM-IV-TR Criteria</td>
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<tr>
<td>Examples of impairment/dysfunction:</td>
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<td>Additional validation (e.g., testing, previous records, self-report):</td>
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<tr>
<td>Additional validation (e.g., testing, previous records, self-report):</td>
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</tbody>
</table>
Diagnosis | Code
--- | ---
Axis I 1: | 
2: | 
3: | 
Axis II 1: | 
2: | 
Axis III | 
Axis IV | 
Axis V | Current GAF =  | Highest past year GAF =
Prognosis: | Poor | Marginal | Guarded | Moderate | Good | Excellent
Qualifiers to prognosis: | Med compliance | Tx compliance |
Home environment | Activity changes | Behavioral changes | Attitudinal changes | Education/training | Other: |
Treatment Considerations
Is the patient appropriate for treatment? Yes
No
If no, explain and indicate referral made: 
Tx modality: | Indiv. | Conjoint | Family | Collateral | Group |
Frequency: | | | | |
If Conjoint, Family or Collateral, specify with whom: 
Adjunctive Services Needed:
| Physical exam | School records |
| Laboratory tests (specify): | Patient records (specify): |
Therapist’s Questions/Concerns/Comments: | Psychiatric evaluation | Psychological testing |

Therapist’s signature/credentials: Date: __/__/__
Supervisor’s Remarks

Supervisor’s signature/credentials: Date: __/__/__
Therapist’s Response to Supervisor’s Remarks