

**Client Intake/ Biopsychosocial**

**Contact Information:**

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

SS# \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Do you feel safe in your home: Yes \_\_\_\_\_ No \_\_\_\_\_

How many people are living with you? \_\_\_\_\_

Names of people in home:

1. \_\_\_\_\_ age \_\_\_\_\_

2. \_\_\_\_\_ age \_\_\_\_\_

3. \_\_\_\_\_ age \_\_\_\_\_

4. \_\_\_\_\_ age \_\_\_\_\_

Do you need housing assistance: Yes \_\_\_\_\_ No \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Ph: \_\_\_\_\_

Is the Patient a minor? \_\_\_\_\_ Yes \_\_\_\_\_ NO \_\_\_\_\_

Adult Completing Form: \_\_\_\_\_ Relationship: \_\_\_\_\_

Are you Pregnant: Yes \_\_\_\_\_ NO \_\_\_\_\_

Employer: \_\_\_\_\_ time employed \_\_\_\_\_

Previous work history: \_\_\_\_\_ time employed \_\_\_\_\_

Previous work history: \_\_\_\_\_ time employed \_\_\_\_\_

Employee Assistance Program:

EAP Code: \_\_\_\_\_ #of pf approved sessions: \_\_\_\_\_

Approved Dates of Service: \_\_\_\_\_ CPT Code: \_\_\_\_\_

Are you a veteran yes \_\_\_\_\_ No \_\_\_\_\_

Time served as a veteran \_\_\_\_\_

**Prior Hospitalizations for mental illness and/or substance abuse:** \_\_\_\_\_ N/A

**(please explain treatment history)**

1. \_\_\_\_\_

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

2. \_\_\_\_\_

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

3. \_\_\_\_\_

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

4. \_\_\_\_\_

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

**Longest Period of Remission/ Sobriety:** \_\_\_\_\_ **Age:** \_\_\_\_\_

**Age you first noticed symptoms:** \_\_\_\_\_

**Prior Diagnoses:**

\_\_\_\_\_ Borderline \_\_\_\_\_ Histrionic \_\_\_\_\_ dependant \_\_\_\_\_ Narcissistic  
\_\_\_\_\_ Depression \_\_\_\_\_ Anxiety \_\_\_\_\_ BiPolar \_\_\_\_\_ Schizophrenia \_\_\_\_\_ SUD

**Drug(s) of Choice:** \_\_\_\_\_

**Age of First Use:** \_\_\_\_\_ **Family History:** \_\_\_ Y \_\_\_ N **Who:** \_\_\_\_\_

**Medication History:**

1. \_\_\_\_\_ Use: \_\_\_\_\_ How Long: \_\_\_\_\_ N/A \_\_\_\_\_

2. \_\_\_\_\_ Use: \_\_\_\_\_ How Long: \_\_\_\_\_ N/A \_\_\_\_\_

3. \_\_\_\_\_ Use: \_\_\_\_\_ How Long: \_\_\_\_\_ N/A \_\_\_\_\_

4. \_\_\_\_\_ Use: \_\_\_\_\_ How Long: \_\_\_\_\_ N/A \_\_\_\_\_

5. \_\_\_\_\_ Use: \_\_\_\_\_ How Long: \_\_\_\_\_ N/A \_\_\_\_\_

**Medical History:**

Physical illnesses: \_\_\_\_\_  
\_\_\_\_\_

Previous Providers: \_\_\_\_\_  
\_\_\_\_\_

Allergies or Drug Interactions: \_\_\_\_\_  
\_\_\_\_\_

Do you need medication Management? \_\_\_\_ Y \_\_\_\_ N

Do you need MAT? \_\_\_\_ Y \_\_\_\_ N

**Communication Preference/ Release:**

Phone: \_\_\_\_\_ Okay to leave message  
\_\_\_\_ Y \_\_\_\_ N

Text: \_\_\_\_\_ Okay to leave message  
\_\_\_\_ Y \_\_\_\_ N

Email: \_\_\_\_\_ Okay to leave message  
\_\_\_\_ Y \_\_\_\_ N

Note: \_\_\_\_\_

**Chief Complaint:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The Presenting Problem; Precipitating factors:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Do you feel like you are at risk to harm yourself or others?**

Yes \_\_\_\_\_ NO \_\_\_\_\_

**Service Requests:**

\_\_\_\_\_ Case Mgmt grp      \_\_\_\_\_ Family Recovery grp      \_\_\_\_\_ MH Group  
 \_\_\_\_\_ Peer Support Grp      \_\_\_\_\_ Teen Group      \_\_\_\_\_ Couples Grp  
 \_\_\_\_\_ Indiv. Therapy      \_\_\_\_\_ Active Addiction Grp      \_\_\_\_\_ Couples  
 \_\_\_\_\_ Recovery grp      \_\_\_\_\_ Human Trafficking grp      \_\_\_\_\_ Life Coach  
 grp  
 \_\_\_\_\_ Domestic Violence Group      \_\_\_\_\_ Transformation Grp      \_\_\_\_\_ Life Coach  
 \_\_\_\_\_ Reiki      \_\_\_\_\_ Massage      \_\_\_\_\_ Acupuncture'  
 \_\_\_\_\_ Reflexology      \_\_\_\_\_ Hypnotherapy      \_\_\_\_\_ Tarology  
 \_\_\_\_\_ Meditation      \_\_\_\_\_ Numerology      \_\_\_\_\_ Astrology  
 \_\_\_\_\_ Trauma

**Gender Preference:**

\_\_\_\_\_ Male      \_\_\_\_\_ Female

**Treatment Models you have tried before?**

\_\_\_\_\_ DBT      \_\_\_\_\_ EMDR      \_\_\_\_\_ CBT      \_\_\_\_\_ IFS  
 \_\_\_\_\_ Art  
 \_\_\_\_\_ Music      \_\_\_\_\_ Play      \_\_\_\_\_ Wilderness      \_\_\_\_\_ Hypnosis  
 \_\_\_\_\_ Group      \_\_\_\_\_ Life Coach      \_\_\_\_\_ Family      \_\_\_\_\_ Couples  
 \_\_\_\_\_ Other (describe) \_\_\_\_\_  
 \_\_\_\_\_

**Psychiatric Checklist**  
 For Patients

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Person Completing Form

1. Do you seem to have trouble paying attention, getting things done, listening or sitting still?

NO  Skip to Question #2

YES  Answer A Through R

A. Fail to give close attention to details, make careless mistakes	Never	Sometimes	Often
B. Have difficulty keeping your attention on play or tasks	Never	Sometimes	Often
C. Don't seem to listen, even when spoken to directly	Never	Sometimes	Often
D. Don't follow through. Schoolwork or chores, once started, don't get done	Never	Sometimes	Often
E. Can't seem to get organized with tasks or activities	Never	Sometimes	Often
F. You avoid or try to get out of activities that might require sustained attention	Never	Sometimes	Often
G. Lose things necessary for tasks, school or play (toys, assignments, pencils, tools)	Never	Sometimes	Often
H. Easily distracted by the smallest noise or object in the periphery	Never	Sometimes	Often
I. Forgetful	Never	Sometimes	Often
J. Fidgets with hands or feet, or you seem to squirm in your seat	Never	Sometimes	Often
K. Leave your seat in class, or other places that sitting in one place is expected	Never	Sometimes	Often
L. Run about or climb in places where you know you should not.	Never	Sometimes	Often
M. Can't seem to play or do much of anything quietly	Never	Sometimes	Often
N. Seem to be "on the go" or "driven by a motor"	Never	Sometimes	Often
O. You talk too much	Never	Sometimes	Often
P. Blur out answers even before the question is completed	Never	Sometimes	Often
Q. Can't seem to wait your turn	Never	Sometimes	Often
R. Interrupt or intrudes in to other people's space	Never	Sometimes	Often

2. Do you seem to have an "attitude" more often than not? Do you seem to be hostile, negative, and contrary most days?

- NO → Skip to question #3
- YES → Answer A through I

A. Are negative, hostile, and defiant in behavior

---

B. Lose temper

---

C. Argue with adults

---

D. Actively defy, or refuse to abide by, adults' requests or rule

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E. Deliberately annoy people

---

F. Blame others for your mistakes or "bad" behavior

---

G. Are touchy or easily annoyed by others

---

H. Are angry and resentful

---

I. Are spiteful and unforgiving

---

Never	Sometimes	Often

3. Do you bully, threaten, intimidate, steal etc.? In other words, do you persistently violate the rights of others or the rules of society?

- NO → Skip to question #4
- YES → Answer A through P

A. You have developed a pattern where the basic rights of others or society's rules are violated	Never	Sometimes	Often
B. Bully, threaten, or intimidates others	Never	Sometimes	Often
C. Initiate physical fights	Never	Sometimes	Often
D. Have used a weapon toward someone (bat, brick, broken bottle, knife, gun)	Never	Sometimes	Often
E. Are physically cruel to people	Never	Sometimes	Often
F. Are physically cruel to animals	Never	Sometimes	Often
G. Have stolen by mugging, purse snatching, armed robbery or other means of direct confrontation	Never	Sometimes	Often
H. Have forced someone into sexual activity	Never	Sometimes	Often
I. Have started a fire with the intent of causing serious damage	Never	Sometimes	Often
J. Have destroyed someone's property on purpose (other than by fire setting)	Never	Sometimes	Often
K. Have broken into someone's house, building or car	Never	Sometimes	Often
L. You "Con" or lie to obtain favors, goods or to avoid obligations	Never	Sometimes	Often
M. Have stolen items of value (not gum or candy etc.) without confronting a victim (shoplifting, forgery etc.)	Never	Sometimes	Often
N. Stay out at night, despite being told not to. (Must begin before age 13)	Never	Sometimes	Often
O. Have run away from home for a significant period of time	Never	Sometimes	Often
P. Skip school (Must begin before age 13)	Never	Sometimes	Often

4. Do you say, or do you feel you have problems with your mood? Are you sad or irriotherstable for several days in a row, have less energy, or have become withdrawn or isolated?

- NO → Skip question #5  
 YES → Answer A through P

A. Are there periods where your mood seems down OR irritable most of the day nearly every day	Never	Sometimes	Often
B. Have you had a significant decrease in interest or pleasure in things	Never	Sometimes	Often
C. Has there been weight loss (or failure to make expected weight gains) when not dieting	Never	Sometimes	Often
D. Are you sleeping less because you can't fall asleep or stay asleep	Never	Sometimes	Often
E. Do you feel, or have others said that you appear, slowed down OR restless	Never	Sometimes	Often
F. Do you have feelings worthless or feeling excessively "guilty" about something	Never	Sometimes	Often
G. Having a hard time making decisions; can't seem to think or remember	Never	Sometimes	Often
H. Are you thinking of suicide or death	Never	Sometimes	Often

5. Do you have periods where rage or excitability seem to last for hours or days or do you feel the opposite of depressed where you are "high on life," have boundless energy and drive etc. ?

- NO → Skip to Question #6  
 YES → Answer A through I

A. Are there periods (lasting at least several hours) where your mood is abnormally irritable, elevated or uninhibited	Never	Sometimes	Often
B. During these periods do you feel inflated in your self-esteem or do you feel extra special	Never	Sometimes	Often
C. During these periods do you seem to need much less sleep (appears rested after only 3 hours etc.)	Never	Sometimes	Often
D. During these periods are you much more talkative and does your speech seem "pressured" to get words out	Never	Sometimes	Often
E. During these periods do their thoughts seem to come from "nowhere"; difficult to follow or understand	Never	Sometimes	Often
F. Are you much more distractible during these periods	Never	Sometimes	Often
G. Do you have much more energy to complete tasks, achieve conquests or gain accomplishments	Never	Sometimes	Often
H. Have you been physically aggressive during these specific periods	Never	Sometimes	Often
I. Do you become involved in pleasurable activities that have a high potential for painful consequences	Never	Sometimes	Often

6. Do you have trouble with nervousness or fearfulness in situations where other people usually do not? Do you have fears or worries that seem to cause significant distress?

- NO → Skip to question #7  
 YES → Answer A through V

A. Do you have fears that seem excessive or unreasonable	Never	Sometimes	Often
B. Do these fears come about when they think about or come in contact with a certain object or situation	Never	Sometimes	Often
C. The fears described above involve animals, getting a shot, airplanes, Storms or any other specific object or situation	Never	Sometimes	Often
D. Exposure to that object or situation causes you to "freeze", have tantrums or be clingy	Never	Sometimes	Often
E. You avoid the object or situation or you endure it with intense anxiety or distress	Never	Sometimes	Often
F. You recognize that the fear is excessive, extreme or unreasonable	Never	Sometimes	Often
G. The avoidance of (or distress from) the object or situation causes loss of esteem or problems at school or home	Never	Sometimes	Often
H. Do you have unusual or uncomfortable thoughts, images or impulses that enter into your mind and cause distress (Note: These are not simply excessive worries about real-life problems)	Never	Sometimes	Often
J. Do you attempt to ignore or suppress the thoughts/images by doing rituals or repeated "magical" acts or thoughts	Never	Sometimes	Often
K. Do you realize that the thoughts/images are a product of his or her mind	Never	Sometimes	Often
L. Are these worries or thoughts seen as excessive, extreme or unreasonable	Never	Sometimes	Often
M. The acts or images cause marked distress, or are very time consuming or interfere with normal life	Never	Sometimes	Often
N. Is there, or has there been, excessive anxiety about being away from home or significant individuals in your life?	Never	Sometimes	Often
O. When separation is anticipated or occurs, is there excessive and recurrent distress?	Never	Sometimes	Often
P. Do you worry excessively about something bad happening to significant others?	Never	Sometimes	Often
Q. Is there a fear that some event (being kidnapped or lost etc.) may cause separation from significant other	Never	Sometimes	Often
R. Is there a reluctance or refusal to go to school (or elsewhere) because of the fear of separation?	Never	Sometimes	Often
S. Is there excessive fear in being alone (or without significant others) at home or in other settings?	Never	Sometimes	Often
T. Is there reluctance or refusal to go to sleep without being near a significant other, or sleep away from home?	Never	Sometimes	Often
U. Are there nightmares involving themes of separation?	Never	Sometimes	Often
V. Are there physical complaints when separation is anticipated or occurs?	Never	Sometimes	Often

7. Do you pull your own hair, resulting in noticeable hair loss?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

8. Do you seem to just worry excessively about many things at once (school performance, the future etc.), rather than just one area, as described above? If so, do you seem to have difficulty controlling the worry. Are you irritable and almost physically affected by the worry (restless, fatigued, tensed muscles, can't sleep etc.)?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

9. Do you worry about being in a social or performance situation where you might be studied or examined (eating in public, talking in front of class)? If so, do you have an intense fear that you may embarrass yourself?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

10. Do you, or did you, refuse to speak in specific social situations when it would be expected to speak (not due to stuttering or not knowing the language etc.)?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

11. Do you seem to have a lot of physical complaints (not just to avoid obligations, school, or separation)? If so, are there more than 3 "pain" complaints, 2 "stomach" or gastrointestinal complaints and other physical complaints all occurring together during one time?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

12. Have you suddenly lost the ability to use an arm or a leg, or to feel, or see without any medical explanation?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

13. Have you been exposed to a trauma where you were threatened of death or serious injury, or witnessed a similar circumstance? If so, did you respond with fear, helplessness, horror, or disorganized/agitated behavior?

- NO → Skip to Question #15
- YES → Answer A through F

A. Do you have repeated and intruding memories of the event

B. Are there distressing dreams that appear to relate to the trauma

C. Do the events seem to be relieved. There may be "flashbacks" or reenactment of the trauma during everyday life

D. Is there intense distress when exposed to thoughts or objects that symbolize or represent the trauma

E. Do you seem to avoid things that are associated with the trauma

F. Are you more aroused or agitated since the trauma (can't sleep, outbursts of anger, startle easy, etc.)

Never	Sometimes	Often

14. Do you frequently awaken with bad dreams where you can recall these dreams upon awakening? Do these dreams then involve, usually in great detail, threats to your survival or security? If yes to the 2 statements above, are these dreams frequent and/or intense enough to cause interference with school, social, or other important areas of functioning?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

15. Do you frequently awaken at night with a panicky scream where you may be sweating, breathing fast and appearing frightened? Or, do you sleepwalk so frequently as to cause distress at home or with daytime activities? If so, do others then tell you that you appeared unresponsive to them and, later, do you not remember even having the "bad dream?"

\_\_\_\_\_ YES                      \_\_\_\_\_ NO

16. Have you ever expressed a real and persistent interest in being the opposite sex? If so, did it get to the point where you consistently dressed as the opposite sex, took on the "role" of the opposite sex and express discomfort with being your own sex?

\_\_\_\_\_ YES                      \_\_\_\_\_ NO





