



Leslie F Small
Professional Counseling Services
9 Davison Avenue
Suite #3
Jamesburg, NJ 08831
(732) 997-0214

Biopsychosocial Assessment

Client Name:

Date

Section 1 Presenting Problem(s) and Requested Services

What is the client's presenting problem/why are they here?

Describe precipitating events:

What service(s) is the client asking for?

Section 2 Lifespan/Development History

Health at birth:

Developmental milestones:

Within normal limits (adults only/complete if child)

Special services received during lifetime:

Other lifespan/developmental issues: (include mid-life, senior/elder, other issues:

Section 3 Education and Occupation

School currently attending (if applicable):

Grade

Education history (Include learning problems, school issues and highest grade completed):

Occupation and employment history (present and past, include # of years worked and reasons for unemployment):

Biopsychosocial Assessment

Client Name:

Date

Occupational skills/training:

--

Section 4 Family of Origin History

Family's current and past psychiatric history:

--

Family's and client's physical/sexual/emotional abuse history:

--

Family's substance abuse/use history:

--

Section 5 Supports

Current and significant past social supports:

--

Family supports:

--

Significant relationships:

--

Spiritual supports/affiliations

--

Section 6 Legal History

<input type="checkbox"/>	Informal Probation	<input type="checkbox"/>	Formal Probation	<input type="checkbox"/>	Parole	<input type="checkbox"/>	Child Welfare Services
<input type="checkbox"/>	Incarceration	<input type="checkbox"/>	DUI	<input type="checkbox"/>	Restraining Order	<input type="checkbox"/>	None

Details

--

Biopsychosocial Assessment

Client Name:

Date

Section 7 Substance Use/Abuse

Client's Substance Use (Check all that apply)

<input type="checkbox"/> Caffeine	<input type="checkbox"/> Alcohol	<input type="checkbox"/> Stimulants	<input type="checkbox"/> None Reported
<input type="checkbox"/> Tobacco	<input type="checkbox"/> Inhalants	<input type="checkbox"/> Sedatives	<input type="checkbox"/> Barbiturates
<input type="checkbox"/> OTC medications	<input type="checkbox"/> Hallucinogens	<input type="checkbox"/> Tranquilizers	<input type="checkbox"/> Methamphetamines
<input type="checkbox"/> Prescription medications	<input type="checkbox"/> Cannabis	<input type="checkbox"/> Cocaine	<input type="checkbox"/> Opiates
<input type="checkbox"/> Other			<input type="checkbox"/> Methadone

Substance	Age of 1 st Use	Amount/Frequency	Duration of Use	Date of Last Use	Period of Heaviest Use	Amount Used in Last 24 hrs.

Is there a history of withdrawal, DTs, blackouts (loss of time), seizures, etc?	Yes	No
If yes, explain:		
What happens when you stop using?		
What is the longest period of sobriety?		
When did this happen?		
Have you ever received treatment for substance abuse?	Yes	No
If yes, explain:		

Section 8 Mental Health Services History

Current and past psychiatric history:	Client reports no psychiatric history

Biopsychosocial Assessment

Client Name:

Date

Current service provider(s):
Past service provider(s):

Section 9 Medical History

Outstanding medical problems	Client reports no outstanding medical problems	
Allergies	Client reports no known allergies	
Primary care physician name and phone#	Refuses contact with primary care physician	
Name:	Phone:	

Section 10 Medication History

Current psychiatric medications					None reported	
Drug Name	Dose/Frequency	Benefits	Prescribed by:	When Prescribed?	Side Effects	

Past psychiatric medications					None reported	
Drug Name	Dose/Frequency	Benefits	Prescribed by:	When Prescribed?	Side Effects	

Biopsychosocial Assessment

Client Name:

Date

Other psychiatric medications					None reported
Drug Name	Dose/Frequency	Benefits	Prescribed by:	When Prescribed?	Side Effects

Section 11 Current Symptoms/Problems

Rate severity and duration for each					
Key:	Severity rating:	1=Mild	2=Moderate	3=Severe	
	Duration rating:	1=< 1Month	2=1-6 Months	3=7-11 Months	4=> 1 Year
	Severity	Duration		Severity	Duration
Anxiety			Bizarre ideation		
Panic attacks			Bizarre behavior		
Phobia			Paranoid ideation		
Obsessive Compulsive			Gender issues		
Somatization			Eating disorders		
Depression			Poor judgment		
Impaired memory			Lack of support system		
Poor self care skills			Poor interpersonal skills		
Loss of interest			Conduct problems		
Loss of energy			School problems		
Sexual dysfunction			Family problems		
Sleep disturbance			Independent living problems		
Appetite disturbance			Unusual body movements		
Weight change			Other:		
Describe each in detail:					

Section 12 Mental Status

Appearance:			
Clean	Neat	Unkempt	Other
Looks stated age:			
Yes	No	Older	Younger
Eye contact:			
Appropriate		Inappropriate	
Orientation:			
Person	Place	Time	Situation

Biopsychosocial Assessment

Client Name:

Date

Memory:			
Normal limits	Immediate deficit	Recent deficit	Remote deficit
Attention:			
Adequate		Inadequate	
Perception:			
Adequate		Inadequate	
Motor activity:			
Normal	Slowed	Restless	Agitated
Cognitive performance:			
Normal limits	Poor memory	Low self-awareness	Short attention
Developmental disability	Poor concentration	Impaired judgment	Slow processing
Thought process:			
Normal limits	Illogical	Delusional	Hallucinating (A,V,T)
Paranoid	Ruminative	Intact	Derailed thinking
Loose associations	Anti-psychotic medications		
Danger to others:			
Does not appear dangerous	Threatens others	Violent temper	Physical abuser
Hostile	Assaultive	Homicidal ideation	Homicidal threats
Homicide attempt			
Danger to self:			
Does not appear dangerous	Suicidal ideation	Current plan/means	Recent attempt
Past attempt	Self-injury	Self-mutilation	
Sensory deficits:			
None	Speech	Hearing	Vision
Speech:			
Clear	Slurring	Slowed	Loud
Soft	Pressured	Excessive	Minimal
Incoherent			
Mood:			
Euthymic	Unremarkable	Depressed	Tearful
Anxious	Manic	Labile	Other:
Affect:			
Full range	Constricted range	Flat	
Insight into problem:			
Takes responsibility	Intellectual insight	Emotional insight	Slight awareness
Blames others	Complete denial		
Behavior during interview:			
Cooperative	Guarded	Withdrawn	Acting out
Oppositional	Hostile	Passive	Other:

Biopsychosocial Assessment

Client Name:

Date

Section 13 Assessment of Risk

Current risk factors: (check all that apply)

Suicidality:	<input type="checkbox"/> None	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan	<input type="checkbox"/> Intent w/o means	<input type="checkbox"/> Intent w/ means
Homicidality:	<input type="checkbox"/> None	<input type="checkbox"/> Ideation	<input type="checkbox"/> Plan	<input type="checkbox"/> Intent w/o means	<input type="checkbox"/> Intent w/ means
Impulse control	<input type="checkbox"/> Sufficient	<input type="checkbox"/> Moderate	<input type="checkbox"/> Minimal	<input type="checkbox"/> Inconsistent	<input type="checkbox"/> Explosive
Substance abuse:	<input type="checkbox"/> None	<input type="checkbox"/> Abuse	<input type="checkbox"/> Dependence	<input type="checkbox"/> Unstable remission	
Medical risks:	<input type="checkbox"/> No	<input type="checkbox"/> Yes	If yes, explain: _____		

If risk exists, client is able to contract not to harm: ☐ Self

☐ Others

Risk history: (explain any significant history of suicidal, homicidal, impulse control, medical or substance abuse behavior that may affect client's current level of risk or impairment to functioning. Include description of plan/ideation/intent checked above)

Section 14 Treatment Planning

Describe client strengths:

Summary of findings/formulation: (identify problem areas and underlying dynamics. Include information used to make differential diagnosis)

Recommended Services: (check all that apply)

☐ Community referrals made, no further services needed

☐ Medication assessment:

☐ Primary Care Physician

☐ Psychiatrist

☐ Individual therapy: (include frequency and duration; specify number of sessions if EAP)

☐ Family therapy: (include frequency, duration and family members)

☐ Group therapy: (include group type, frequency and duration)

☐ Other: (specify)

Biopsychosocial Assessment

Client Name:

Date

Section 15 Multiaxial Assessment

Axis I: Clinical disorders, including major mental disorders, learning disorders and substance use disorders	
Code:	Description
Axis II: Personality disorders and intellectual disabilities	
Code:	Description
Axis III: Acute medical conditions and physical disorders	
Code:	Description
Axis IV: Psychosocial and environmental factors contributing to the disorder	
Code:	Description
Axis V: Global Assessment of Functioning or Children's Global Assessment Scale for children and teens under the age of 18	

Leslie F Small, MS LPC NCC

Date

Client Name:

Date

The **Global Assessment of Functioning (GAF)** is a numeric scale (0 through 100) used by mental health clinicians and physicians to rate subjectively the social, occupational, and psychological functioning of adults, e.g., how well or adaptively one is meeting various problems-in-living. The scale is presented and described in the DSM-IV-TR on page 34. The score is often given as a range, as outlined below:

91 - 100 No symptoms. Superior functioning in a wide range of activities, life's problems never seem to get out of hand, is sought out by others because of his or her many positive qualities.

81 - 90 Absent or minimal symptoms (e.g., mild anxiety before an exam), good functioning in all areas, interested and involved in a wide range of activities, socially effective, generally satisfied with life, no more than everyday problems or concerns (e.g., an occasional argument with family members).

71 - 80 If symptoms are present, they are transient and expectable reactions to psychosocial stressors (e.g., difficulty concentrating after family argument); no more than slight impairment in social, occupational, or school functioning (e.g., temporarily falling behind in schoolwork).

61 - 70 Some mild symptoms (e.g., depressed mood and mild insomnia) OR some difficulty in social, occupational, or school functioning (e.g., occasional truancy, or theft within the household), but generally functioning pretty well, has some meaningful interpersonal relationships.

51 - 60 Moderate symptoms (e.g., flat affect and circumstantial speech, occasional panic attacks) OR moderate difficulty in social, occupational, or school functioning (e.g., few friends, conflicts with peers or co-workers).

41 - 50 Serious symptoms (e.g., suicidal ideation, severe obsessive rituals, frequent shoplifting) OR any serious impairment in social, occupational, or school functioning (e.g., no friends, unable to keep a job).

31 - 40 Some impairment in reality testing or communication (e.g., speech is at times illogical, obscure, or irrelevant) OR major impairment in several areas, such as work or school, family relations, judgment, thinking, or mood (e.g., depressed adult avoids friends, neglects family, and is unable to work; child frequently beats up younger children, is defiant at home, and is failing at school).

21 - 30 Behavior is considerably influenced by delusions or hallucinations OR serious impairment, in communication or judgment (e.g., sometimes incoherent, acts grossly inappropriately, suicidal preoccupation) OR inability to function in almost all areas (e.g., stays in bed all day, no job, home, or friends)

11 - 20 Some danger of hurting self or others (e.g., suicide attempts without clear expectation of death; frequently violent; manic excitement) OR occasionally fails to maintain minimal personal hygiene (e.g., smears feces) OR gross impairment in communication (e.g., largely incoherent or mute).

1 - 10 Persistent danger of severely hurting self or others (e.g., recurrent violence) OR persistent inability to maintain minimal personal hygiene OR serious suicidal act with clear expectation of death.

Biopsychosocial Assessment

Client Name:

Date

The **Children's Global Assessment Scale** (CGAS) is a numeric scale (1 through 100) used by mental health clinicians to rate the general functioning of children under the age of 18.

100-91 Superior functioning in all areas (at home, at school and with peers); involved in a wide range of activities and has many interests (e.g., has hobbies or participates in extracurricular activities or belongs to an organized group such as Scouts, etc.); likeable, confident; 'everyday' worries never get out of hand; doing well in school; no symptoms.

90-81 Good functioning in all areas; secure in family, school, and with peers; there may be transient difficulties and 'everyday' worries that occasionally get out of hand (e.g., mild anxiety associated with an important exam, occasional 'blowups' with siblings, parents or peers).

80-71 No more than slight impairments in functioning at home, at school, or with peers; some disturbance of behavior or emotional distress may be present in response to life stresses (e.g., parental separations, deaths, birth of a sibling), but these are brief and interference with functioning is transient; such children are only minimally disturbing to others and are not considered deviant by those who know them.

70-61 Some difficulty in a single area but generally functioning well (e.g., sporadic or isolated antisocial acts, such as occasionally playing hooky or petty theft; consistent minor difficulties with school work; mood changes of brief duration; fears and anxieties which do not lead to gross avoidance behavior; self-doubts); has some meaningful interpersonal relationships; most people who do not know the child well would not consider him/her deviant but those who do know him/her well might express concern.

60-51 Variable functioning with sporadic difficulties or symptoms in several but not all social areas; disturbance would be apparent to those who encounter the child in a dysfunctional setting or time but not to those who see the child in other settings.

50-41 Moderate degree of interference in functioning in most social areas or severe impairment of functioning in one area, such as might result from, for example, suicidal preoccupations and ruminations, school refusal and other forms of anxiety, obsessive rituals, major conversion symptoms, frequent anxiety attacks, poor to inappropriate social skills, frequent episodes of aggressive or other antisocial behavior with some preservation of meaningful social relationships.

40-31 Major impairment of functioning in several areas and unable to function in one of these areas i.e., disturbed at home, at school, with peers, or in society at large, e.g., persistent aggression without clear instigation; markedly withdrawn and isolated behavior due to either mood or thought disturbance, suicidal attempts with clear lethal intent; such children are likely to require special schooling and/or hospitalization or withdrawal from school (but this is not a sufficient criterion for inclusion in this category).

30-21 Unable to function in almost all areas e.g., stays at home, in ward, or in bed all day without taking part in social activities or severe impairment in reality testing or serious impairment in communication (e.g., sometimes incoherent or inappropriate).

20-11 Needs considerable supervision to prevent hurting others or self (e.g., frequently violent, repeated suicide attempts) or to maintain personal hygiene or gross impairment in all forms of communication, e.g., severe abnormalities in verbal and gestural communication, marked social aloofness, stupor, etc.

10-1 Needs constant supervision (24-hour care) due to severely aggressive or self-destructive behavior or gross impairment in reality testing, communication, cognition, affect or personal hygiene.