

Biopsychosocial

This is a provider facing template to be used on the Behavioral Health Tab of the patient record.

Preliminary Information:

1. Current Symptoms: (Check all that apply)

Activity withdrawal	Excessive energy	Increased irritability	Sleep disturbances
Anxiety	Excessive guilt	Increased Libido	Social Isolation
Avoidance	Excessive worry	Intrusive thoughts	Somatic Complaints
Change in appetite	Family Problems	Issues of Loss	Stressed
Compulsive Behaviors	Fatigue	Legal/Financial Problems	Suicidal Ideation
Decreased Libido	Hears Voices	Loss of interest	Suspiciousness
Decreased Libido	Homicidal Ideation	Memory Problems	Tearful/Crying Spells
Depressed mood	Hopelessness/Helpless	Obsessive Thoughts	Work Problems
Difficulty Concentration	Hypervigilance	Racing thoughts	Sleep disturbances
Difficulty relaxing	Illicit drug use	Racing thoughts	
Easily annoyed	Impulsivity	Relationship Problems	
Excessive drinking	Increase risky behavior	Sees things others can't	

Other symptoms not listed:

2. When did you first notice this problem? (Provide time range days/months):

3. How often does this occur? (Provide time range):

4. Have you ever received previous treatment for this problem or others? If Yes, then dropdown box or text box:

Type	When	Where	Treatment Issues	Diagnosis
Outpatient				
Intensive Outpatient				
Partial hospitalization				
Inpatient/Residential				
Group Therapy				
Self-help/Support groups				

5. Have you ever taken medication for this problem? If Yes, what, and who was it prescribed by?

Date First Prescribed	Type	Dosage	Prescribed by

6. Do you take any other current medication? If Yes, what, and who was it prescribed by?

Date First Prescribed	Type	Dosage	Prescribed by

7. Do you have allergies and/or adverse reactions to medications? Yes/No/Unknown

Date First Prescribed	Type	Dosage	Prescribed by

8. Please list any current medical problems:

9. Past medical problems, nonpsychiatric hospitalizations, or surgeries:

Type	When	Where	Treatment Issues	Diagnosis

Safety Planning:

10. Have you had any thoughts or actions, now or in the past, to do anything to hurt yourself?

Yes in the past	(how long ago, number of attempts, methods attempted)
Yes currently	(frequency of thoughts, plan/access to means)

No	
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11. Have you had any thoughts or actions, now or in the past, to do anything to hurt someone else?

Yes in the past	(how long ago, plan and to what extent was it acted on)
Yes currently	(frequency of thoughts, directed at who, plan/access to weapons)
No	

12. Is anyone else concerned about your ability to maintain your safety or control your actions?

Family Psychiatric History:

13. Has anyone in your family been diagnosed with or treated for:

Yes	No	Diagnosis	Yes	No	Diagnosis
		Alcohol abuse			Other substance abuse
		Anger			Post-traumatic stress
		Anxiety			Schizophrenia
		Bipolar disorder			Suicide
		Depression			Violence

If yes, who had each problem?

Has any family member been treated with a psychiatric medication?

If yes, who was treated, what medications did they take, and how effective was the treatment?

Educational History:

14. Highest Grade Completed and where?

15. Did you attend college and where?

16. What is the highest educational level or degree attained?

Occupational History:

17. What is your current employment status?

18. What is/was your occupation?

19. Where do you work?

20. Have you ever served in the military? (If so, what branch and when?)

21. Were you honorably discharged?

Relationship History and Current Family:

22. What is your relationship status?

	Married- For how long:		Divorced- For how long:
	Partnered - For how long:		Widowed - For how long:
	Single - For how long:		

23. Are you sexually active?

24. How would you identify your sexual orientation?

	Straight/heterosexual		Unsure/questioning
	Lesbian/gay/homosexual		Asexual
	Bisexual		Transsexual
	Prefer not to answer		Other

25. Have you had any prior marriages? If Yes, how many times? How long were you married?

26. Do you have any children? Y/N If yes list ages and gender:

Name	Relationship to you	Age	Gender

27. Please list the individuals in who currently live in your household, their relationship to you, and age.

Name	Relationship to you	Age	Gender

Legal History:

28. Have you ever been convicted of a misdemeanor or felony? (If yes, please explain)

29. Have you been issued any tickets for driving under the influence? (If yes, how long ago?)

30. Are you currently involved in any divorce or child custody proceedings? (If yes, please explain)

31. Do you have any other pending legal problems? (If yes, please explain)

Spirituality:

32. Do you have a particular religion or spiritual affiliation?

33. Do you attend church, pray, meditate, or otherwise participate in religious activities:
If yes, what is the level of your involvement?

34. What other spiritual activities have you been involved in previously?

Social/Cultural Information:

35. Do you consider yourself to have a good support network? (If yes, please explain)
If no, what barriers prevent you from having a good support network?

36. Do you have difficulty making new friends? (If yes, please explain)

37. Do you exercise regularly? (If yes, please explain)

38. What kind of exercise do you do:

39. Aside from exercise, what other recreational activities do you engage in?

40. What else do you like to do in your leisure time (art, read books, etc)?

41. How often do you engage in these activities?

42. Any other areas of special interest or hobbies?