

Biopsychosocial Assessment Part I

What do you want help with while you are here?

Contributing Factor(s) Leading to Seeking Treatment / Consequences of Addiction:

Change in Living Situation	Social/Interpersonal problems
Change in Medical Condition	Recent Loss of
Medication Non-Compliance	Alcohol/Drug Binge(s)
Poor Impulse Control	Inability to function
Poor Judgment	Legal Problems
Family Problems	Employment Problems
Financial Problems	Relationship Problems
Physical/Health Problems	Depression or other bad mood
Tired of fighting addiction on my own	Negative feelings about myself have reached an intolerable level

Chemical Dependency History & Assessment

Frequency of use

0	No use
1	Less than once/week
2	Once/week
3	Several times/week
4	Once daily
5	More than once/day

Usual route of ingestion (Route)

1	Oral
2	Smoking
3	Intranasal
4	Inhalation
5	Intramuscular/Subcutaneous
6	Intravenous

Drug Type - Substances	Age began first use	Last time used	Amount last used	Frequency of use / Pattern of use	Route
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OPIATES:

Heroin					
Percodan / Percocet					
Vicodin					
Methadone					
Oxycontin					
Roxicodone					
Dilaudid					
Lorcet / Lortab					
Other Pain Killers					

LOGO

Drug Type - Substances	Age began first use	Last time used	Amount last used	Frequency of use / Pattern of use	Route
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HALLUCINOGENS:

Marijuana / Cannabis					
LSD / Acid					
PCP / Angel Dust					
Ecstasy					
Other					

STIMULANTS:

Cocaine - Powder					
Crack / Freebase					
Speed					
Inhalants					
Amphetamines					
Crystal Meth					
Caffeine					

NICOTINE/TOBACCO:

Cigarettes					
Chewing					

Drug Type - Substances	Age began first use	Last time used	Amount last used	Frequency of use / Pattern of use	Route
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DEPRESSANTS:

Alcohol					
Barbiturates					
Quaaludes					

TRANQUILIZERS:

Valium / Ativan					
Librium / Klonopin					
Xanax					
Other					

LOGO

Other drugs not mentioned: (Including over the counter)					
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Prescription Drugs:

Prescribed by:

Are you still seeing that physician?

Can you bring in the RX Bottle?

Are you able to bring in the rest in your possession?

Primary Drugs of Choice:	Method of Use:

What and how long has the client been using "Drug of Choice" #1?

How much has the client been using "Drug of Choice" #1?

What is length of time of the last "Run"?

What, when, and how much was the last drug used?

Has client received Substance Abuse Treatment and/or counseling in the past?

If **YES**, list treatment history (most recent first):

Date	Provider	Treatment				Duration / Frequency	Outcome***
		DET	INPT	RES	OP		

***Outcome Codes: 1=Successful Completion 2= AMA/APA 3=Discharged / Non-Compliant
4=Other

Treatment Outcome(s):

(Describe prior treatment outcomes i.e., successful, AMA, followed discharge plans, length of sobriety after tx., addressed problems while in treatment, etc.)

Time abstinent from each prior treatment:

LOGO

Relapse History (Longest Period of Recovery/Absence):

What precipitating events lead to relapse (i.e. Triggers)?

12 Step Involvement:

What are the consequences of the client's alcohol/drug use?