

Mental Health Biopsychosocial Assessment

Name	Number	DOB	Institution	Date
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History of Present Illness

Date of Referral

Reason for Referral

Course of Events

Symptoms Initial Screen Reviewed Detailed Screen Reviewed Not Reviewed

General

Concentration

Appearance (Grooming, Movements)

Energy Level/Sleep

Mood

Thought Content/Perceptions

Suicidal Ideation/Intention/Plan

Self Injury (Non-suicidal and suicidal)

Violent Ideation/Threats/Intention/Plan/Behaviors

Current Treatment

Medications

Psychotherapy and Groups

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Wellness

Mental Health History

Medication Trials

Psychiatric Hospitalizations

Residential Treatment

Outpatient Treatment

Restraints

Suicide and Parasuicide Behaviors

Non-suicide Self Injury

Violent Behaviors

Medical History

Sudden/Serious Illness

Chronic medical Conditions

History of Significant Medical Treatment

Allergies (Medication or Others)

Significant Side Effects

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Alcohol and Substance Use History

Description of Alcohol/Drug Use

Complications

Medication Seeking/Multiple Prescribers

Description of Treatment

Personal History

Early Childhood

Parents/Step-Parents

Siblings/Step-Siblings

Description of Home Life

Abuse/Neglect/Victimization

Relationship History

Marriages/Partnerships

Children

Family Relationships

Friends

Current Support System

Education History

Highest Level of Education

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School Performance

Special or Advanced Classes/Behavior Problems Screening for Intellectual Disability (Form 5552) Completed Not Needed

Occupational History

Job Training

Types of Work Performed

Work Attendance

Relationship with Co-workers/Supervisors

Family History

Mental Illness

Substance Abuse

Medical Illness

Criminal Justice History (Juvenile & Adult)

General

Misdemeanors /Felonies

Probation

Current & Past Adjustment in a Correctional Setting

Prior Incarceration

Disciplinary History

Coping Strategies

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Attitude Toward Incarceration

Housing Options	Re-Entry Planning
Support Systems	
Current Community Treatment Provider/Case Manager	
Guardian/Payee	
Information Releases Generated and Signed for:	

Signatures		
Name/Title	Date	Time
Name/Title of Supervisor (If Applicable)	Date	Time