

Whole Person Counseling

Biopsychosocial Inventory

Name: _____ Date: _____

DOB: _____ Male/Female: _____

Address: _____

Phone/Carrier (i.e. Verizon, ATT etc...): _____

Person Completing This Form (Client, Parent, Other please clarify): _____

Referral Source (Self, Court, Probation, Client Manager/Parole, Social Services etc...):

Reason For Referral: _____

Section I: Health Data

1. Are you currently taking any medication(s)?

Type of medication(s):

Dosage of medication(s):

Name of prescribing physician(s):

2. Date of last physical:

3. Family physician:

4. Are you pregnant at this time? NA _____ Yes _____ No _____

5. Are you receiving prenatal care? NA _____ Yes _____ No _____

6. Do you now or have you ever had any of the following illnesses?

Asthma _____ Emphysema _____ Heart Problems _____ High Blood Pressure _____
HIV / AIDS _____ Hepatitis _____ Tremors / Ulcers _____ Withdrawal Seizures _____
TB _____ Other _____

7. Have you ever been hospitalized?

Date: _____ Hospital: _____

Reason: _____

Date: _____ Hospital: _____

Reason: _____

Date: _____ Hospital: _____

Reason: _____

8. Have you ever had any head traumas, if yes, please explain?

9. Do you have any physical health concerns that you feel we should know about?

10. Do you have any mental health concerns that you feel we should know about?

Section II: Drinking and Drug History

Check the items you feel most apply to you.

- _____ I am an alcoholic and / or drug dependent person.
- _____ I am not an alcoholic and / or drug dependent person.
- _____ I am the biological child of an alcoholic and / or drug dependent person.
- _____ I am not the biological child of an alcoholic and / or drug dependent person, but was raised in a home with an active alcoholic and / or drug dependent person.
- _____ I am adopted, and have no knowledge of my biological history.
- _____ I am not an alcoholic and / or drug dependent person nor was I raised in an alcoholic and / or drug dependent home.
- _____ I am currently, or have been married to an alcoholic and / or drug dependent person.

1. Have you ever:

- _____ Missed work and / or school because of drinking or using drugs?
- _____ Had difficulty at work and / or school because of drinking and / or drugging?
- _____ Lost a job or been kicked out of school for reasons related to drinking and / or using drugs?
- _____ Gotten into trouble driving because of drinking and / or drugging, such as having an accident or being arrested?
- _____ Have you gotten into arguments while drinking or using drugs or because of drinking and/or drugs?
- _____ Gotten into physical fights or hit anyone while drinking and / or using drugs?

_____ Have you ever experienced unusual or impulsive behavior while drinking and / or taking drugs?

_____ have you ever been arrested for possession or the sale of drugs?

If Yes, when, where, and what type of drug(s)?

2. How old were you when you first used drugs and/or alcohol?

3. How old were you when you began using drugs and / or alcohol regularly?

4. Over the course of your **lifetime**, have you used any of the following drugs?

Alcohol _____	Marijuana _____	Methamphetamines _____	Cocaine _____
Tranquilizers _____	Heroin / Opiates _____	Inhalants _____	LSD/Acid _____
Quaaludes _____	Barbiturates _____	Ecstasy _____	Other _____

5. How often in the last three months have you used the following drugs?

Alcohol _____	Marijuana _____	Methamphetamines _____	Cocaine _____
Tranquilizers _____	Heroin / Opiates _____	Inhalants _____	LSD/Acid _____
Quaaludes _____	Barbiturates _____	Ecstasy _____	
Other _____			

6. You used drugs and/or alcohol for the following reasons?

To feel mellow, calm or happy _____	To be like others _____
When tense or uptight _____	To get my mind off of problems _____
Sad or depressed _____	Angry or irritated _____
To feel less shy and make friends _____	Just to get high _____
Bored _____	Fun _____
Other _____	

7. Please answer the following questions about your experience.

Once I start, it is hard to stop using alcohol and / or drugs before I get completely drunk or stoned.

True _____ **False** _____

I have tried to not think about how much I was drinking or using drugs.

True _____ **False** _____

I have felt that my drug and / or alcohol use is a problem for me.

True _____ **False** _____

I can stop after one or two drinks, hits, etc. without a struggle.

True _____ **False** _____

I am always polite, even to people who are unpleasant.

True _____ **False** _____

My use of drugs / alcohol is normal.

True _____ **False** _____

At times, I have had doubts about my ability to succeed in life.

True _____ **False** _____

8. What is the most important benefits you experience from your drug / alcohol use:

9. In what way has your use had a negative effect on your life:

10. Have you ever tried to stop drinking or using drugs? **Yes** _____ **No** _____

If "Yes" how often? Every few days _____ At least once a year _____

Every few weeks _____ Every few years _____ Every few months _____

11. After returning to drinking or using drugs, did you think for a while you had your use under control?

Yes _____ **No** _____

12. If you have sought help in the past, what kind of help was it?

Family / Friends _____ Inpatient Facility _____

Outpatient Facility _____ Mental Health, not in a facility _____

13. Did you complete the treatment program you entered?

Yes _____ **No** _____

If "No" why did you leave?

Section III: Social History/Legal History

1. Please list the people in your family, including your parents and yourself in birth order.

Name, Age, Relationship, Occupation, and Strength of Relationship (1=poor 10=very strong)

1) _____

2) _____

3) _____

4) _____

5) _____

- 6) _____
- 7) _____
- 8) _____
- 9) _____
- 10) _____

2. Were you raised by someone other than your natural parents?

3. Parents marital status during your childhood?

4. If parents divorced, how old were you and how did it effect you?

5. Did either parent die before you were 18, if yes please explain?

6. Do you stay in touch with your parents, if no explain?

7. At what age did you leave home permanently, please explain specifics?

8. Which other family members do you currently have contact with?

9. Who do you currently live with? (Not counting yourself)

Name, Age, Relationship, Contact Phone#, and Strength of Relationship (1=poor 10=very strong)

- 1) _____
- 2) _____
- 3) _____

4) _____

5) _____

6) _____

10. Do you have any history of legal involvement (i.e., DUI's, Possession, Assaults, DV, etc.)?

11. If you have a record of previous arrests, confinements, etc. please list details below:

Charge	Location	Dates	Reason / Explanation
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1) _____

2) _____

3) _____

4) _____

12. Are you presently on probation or diversion for an offense / charge other than the one, which led to your current referral for services?

13. Was there any physical violence in your home growing up?

14. Is there currently any physical violence in your home?

15. Is there currently any mental or psychological violence in your home?

Section IV: Military History

Were you ever in the military?

Branch: _____

Rank: _____

Discharge Status: _____

Combat: _____

Impact of
Combat: _____

Section V: Education History

What is the highest grade you completed?

Please explain why you dropped out of school (if you did):

Describe any behavior problems you had in school:

Describe any learning challenges you had in school:

Did you have an Individual Education Plan (IEP), and if so was it for a learning disability or behavioral/emotional difficulties?

Section VI: Work History

Are you currently employed, and if so, where?

Describe your work history:

Do you have any special employment/job training, if so, please describe?
