



Hampton Psychological Services
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BIOPSYCHOSOCIAL INTAKE ASSESSMENT & CLIENT INFORMATION ADULT

Demographic Information

Name: _____ Date: _____

DOB: _____ Age: _____ Gender: _____

Sexuality: _____ Race: _____ Ethnicity: _____

Address: _____

Phone Number(s): _____

Is it ok to leave a voicemail? YES NO

Email: _____

Would you like to receive email communication? YES NO

Is it ok to send something in the mail? YES NO

How were you introduced to us? _____

How Have We Come to Meet?

What are the 3 biggest concerns you have right now? How long have each been going on? Put them in order of importance:

1. _____
2. _____
3. _____

What do you think those that care about you would say their concern(s) is/are in regards to you?

What solutions (helpful or unhelpful) have you tried to resolve your concerns?

Have you had therapy in the past? If so, with whom and when? What reasons did you attend therapy for (include past diagnoses)? Please share with us about your experience. What was helpful? unhelpful?

Change is Coming...

What are your expectations from therapy? What are your expectations of the therapist?

Looking into the future, what would you like to be different? List concrete changes you would like to see:

What other things would you like to see change in your life (family, career, health, relationships, etc.)?

Do you foresee any obstacles to achieving your goals or the desired changes?

What strengths do you have? What are strengths others say about you?

Medical & Wellness Information

What do you do for wellness (i.e. healthy food choices, exercise, limits on TV/electronics/work, managing stress, family time, leisure, etc.)? Give examples:

What wellness areas would you like to improve on?

Have you ever received psychiatric services before?

YES

NO

If yes, how long ago, with whom, for what (include past diagnoses), medications prescribed and results:

Do you have any allergies (food, environmental, medicinal, animal, etc.)?

Do you have any current or past medical issues, hospitalizations, accidents, injuries or surgeries? If yes, what?

Is there a family history of the above medical issues/concerns?

Are you presently under a physician's/psychiatrist's care? If so, for what reason?

Is there anyone in your life that is currently dealing with a medical issue that you are concerned about? If so, whom, for what?

In the past year, have there been any changes in your life? (i.e.: moves, appetite, sleep, health, family, overall functioning)?

List any medications (over-the -counter & prescribed), nutritional or herbal supplements, or alternative treatments (acupuncture, chiropractic, etc.) you are taking/doing and the reasons:

Important Questions We Must Ask

Have you ever had thoughts of killing yourself?

YES

NO

If yes, please explain:

Have you ever planned on killing yourself?

YES

NO

If yes, please explain:

Have you ever attempted to kill yourself?

YES

NO

If yes, please explain:

Has anyone in your family or close to you died by suicide? YES NO
If yes, please explain:

Have you ever felt you wanted to seriously harm or kill someone else? YES NO
If yes, please explain:

Do you have weapons in your home or access to weapons? YES NO
If yes, who has access to them and what are the safety protocols around them?

Is there any history or presence of abuse or violence? YES NO
If so, please explain:

Are you currently using any illegal drugs or prescription medications in a way other than was prescribed, or is the reason you are seeking therapy services substance related?

Have you ever witnessed or experienced a trauma? Do you have reoccurring nightmares, flashbacks, or do you avoid anything that is uncomfortable or painful? If so, please explain:

Do you have currently legal issues or is the reason you are seeking therapy related to a court order? If so, please explain?

Career/Job, Recreation and Leisure

What is your current occupation? How would you describe your fulfillment of your job/career?

What is your highest level of education completed and field of study?

What do you enjoy doing during your free/leisure time?

Understanding Your Family & Influences

Parent's marital status:

Married Divorced Never Married Separated Domestic Partners Widowed

Please describe your relationship with your parents:

How would you describe your upbringing?

Who lives with you currently?

Describe your relationship with the following:

Mother:

Father:

Mother's Significant Other:

Father's Significant Other:

Siblings: Age, Name and Sex:

a. Sibling 1

b. Sibling 2

c. Sibling 3

Children:

a. Child 1

b. Child 2

c. Child 3

Significant Other/Spouse:

Relationships

Are you currently in a relationship? If so, describe your relationship (length of time, level of conflict, communication, level of support, etc.):

What do you like and dislike about your relationship?

Describe your relationship with your friends:

Who would you say your support system is (people, organizations, or affiliations)?

Do you belong to any religious or spiritual groups?

YES

NO

If yes, what is your level of involvement?

How do your religious or spiritual beliefs/practices influence your life?

Please list anything else that is important for me to know about you that would assist me in working with you to achieve your desired results:
