

BRIEF BIOSOCIAL QUESTIONNAIRE

Please complete and bring to your first appointment

Patient name: _____ D.O.B. _____ Age: _____
Contact phone: _____ Home address: _____
May email/text be used? Y/N List email/cell: _____
Insurance to be used: _____ Were services pre-approved?: Y/N Copays: _____
Does your plan have a deductible? Y/N Who is the insurance holder?: _____
Primary physician/other healthcare providers: _____
If you see other providers, please fill out the release of information forms.
List your current medications taken: _____
Describe your moods in the last four (4) weeks: _____
Describe your sleep quality: _____
Describe your appetite/diet/eating habits: _____
Do you have problems controlling your impulses or temper? Y/N Describe: _____
Describe your alcohol use: _____
Describe other substance use other than prescribed medications: _____
Describe family history of any alcohol/substance abuse: _____
Is there a history of physical/emotional/verbal/sexual trauma? Y/N Describe: _____
General health issues: _____
Describe any developmental delays or complications: _____
Describe your current relationship: _____
Describe any stressful events that are currently in your life: _____
Describe some of your accomplished strengths/goals: _____
Prior counseling services/mental health providers seen: _____
History of psychiatric hospitalization/outpatient programs: _____
Family history of mental health issues: _____
Do you see a psychiatrist? Y/N Name/Clinic: _____
Have you been prescribed psychoactive medications? Y/N List past psychoactive medications taken: _____
Other prescribed medications to include over-the-counter: _____
Do you have allergies? Y/N List allergies: _____
Current pain levels (0-10): _____
Do you drink caffeinated beverages? Y/N Describe what type: _____
Current employment status: _____ Education: _____
Disability status: _____ Diagnosis: _____
Religious preference: _____ Are you active? Y/N _____
Military history: _____ Deployments: _____
Legal history/charges/arrests/incarceration: _____
Please describe in your words why you are seeking services (*you may use back of page*): _____