MIRACLE Counseling

Initial BioPyschoSocial Assessment

A. *Basic Information* Date:_____ Chart #:

First name: Last name: DOB: _____

Purpose of Assessment: ☐ Intake ☐ Readmission ☐ Consultation ☐ Other (specify)

B. Dynamics of Difficulty ☐ See reverse for additional information

Onset:

Frequency:

Duration:

C. Mental Health/ AODA Treatment History ☐ See reverse for additional information

Inpatient History	Date	Provider	Duration	Outcome
AODA Treatment	Date	Provider	Duration	Outcome
Previous Counseling	Date	Provider	Duration	Outcome

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D. History of Abuse and Trauma

☐ See reverse for additional information

Description	YES	NO	Background
Physical Abuse	☐	☐	
Emotional Abuse	☐	☐	
Verbal Abuse	☐	☐	
Sexual Abuse	☐	☐	
Domestic Violence	☐	☐	
Abusive towards others	☐	☐	
Other Trauma	☐	☐	

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☐ See reverse for additional information

Suicide ☐ Not Assessed ☐ No known behavior ☐ Past Ideation ☐ Current Ideation ☐ Past Intent ☐ Current Intent

Homicide ☐ Not Assessed ☐ No known behavior ☐ Past Ideation ☐ Current Ideation ☐ Past Intent ☐ Current Intent

Impulsive Control ☐ Not Assessed ☐ None ☐ Minimal ☐ Moderate ☐ Sufficient

Therapeutic Adherence ☐ Not Assessed ☐ None ☐ Minimal ☐ Moderate ☐ Sufficient

Substance Dependence ☐ Not Assessed ☐ None ☐ Minimal ☐ Moderate ☐ Sufficient
☐ Unstable Remission ☐ Partial Remission ☐ Sustained Remission

Current Abuse ☐ Not Assessed ☐ None ☐ Yes ☐ Report
Neglect ☐ Not Assessed ☐ None ☐ Yes ☐ Report

Safety plan necessary: ☐ Yes ☐ No **SIB:** ☐ Yes ☐ No **Suicide or passing of someone:** ☐ Yes ☐ No

F. Lifestyle and Living Arrangements ☐ See reverse for additional information

Housing: ☐ Apartment ☐ House ☐ Group/Nursing Home ☐ Other (specify) _____

Hobbies: Cultural Issues:

G. Relationships ☐ See reverse for additional information

Sexual Orientation: ☐ Heterosexual ☐ Homosexual ☐ Bisexual ☐ Transsexual ☐ Other _____

Marital Status: ☐ Single ☐ Married ☐ Cohabitated ☐ Divorced ☐ Widowed ☐ Other _____

Patient lives with: _____

_____

Support System: ☐ Family ☐ Friends ☐ Co-workers ☐ Spouse/SO ☐ Organization ☐ Other _____

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Children: ☐ See reverse for additional information		
Name	Age	Concerns
Siblings: ☐ See reverse for additional information		
Name	Age	Concerns

Caregivers: ☐ Biological Parents ☐ Adoptive Parents ☐ Foster Parents ☐ Other _____

Mother: ☐ Living ☐ Deceased ☐ Unknown Father: ☐ Living ☐ Deceased ☐ Unknown

Relationship: Relationship:

Parent's Marital Status: ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐ Unknown

H. Current Educational & Vocational History ☐ See reverse for additional information

☐ Elementary: _____ ☐ Middle: _____ ☐ High/GED: _____ ☐ Associates: _____

☐ Bachelors: _____ ☐ Masters: _____ ☐ PhD: _____

Current or Past Educational Issues: _____

Employment Status: ☐ Not applicable ☐ Employed ☐ Unemployed ☐ Retired // Injured ☐ Yes ☐ No

If employed, current position & location: _____

Military Participation: ☐ No ☐ Yes Financial Distress: ☐ No ☐ Yes // ☐ Bankruptcy ☐ Gambling

I. AODA ☐ See reverse for additional information

Caffeine Use	☐ Yes	☐ No	Prescription Misuse	☐ Yes	☐ No
Nicotine	☐ Yes	☐ No	Alcohol Use	☐ Yes	☐ No
Drug use	☐ Yes	☐ No	Other	☐ Yes	☐ No

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J. Medical History ☐ See reverse for additional information

☐ Abnormal Blood Pressure	☐ Emphysema	☐ Kidney or Bladder	☐ Stroke
☐ Allergies	☐ Epilepsy/Seizure	☐ Liver Disease	☐ Skin DX
☐ Anemia	☐ Fainting Spells	☐ Lupus	☐ Tuberculosis
☐ Arthritis/Rheumatism	☐ Fibromyalgia	☐ Memory Loss	☐ Thyroid Problems
☐ Asthma	☐ Glaucoma/Cataracts	☐ Migraines	☐ Ulcers/Ab. Pain
☐ Broken Bones	☐ Hearing Impaired	☐ Neurological DX	☐ Venereal DX
☐ Cancer	☐ Head Injury	☐ Osteoporosis	☐ Visual Problem
☐ Chronic Fatigue	☐ Hepatitis A/B/C	☐ Reproduction DX	☐ Low Immune
☐ Cardiac Problems	☐ HIV/AIDS	☐ Sickle Cell	☐ Other
☐ Diabetes	☐ IBS	☐ Sleep Apnea	☐ Not Applicable

K. Medications ☐ See reverse for additional information

Prescription	**Purpose**	**Dosage**	**Provider**	**Side Effects**
Over the Counter	**Purpose**	**Dosage**		**Side Effects**

L. Notes ☐ See reverse for additional information

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M. Mental Status and Appearance ☐ See reverse for additional information

General Appearance	☐ State age	☐ Young for age	☐ Old for age	
Hygiene	☐ Clean	☐ Unkempt		
Distress	☐ Acute	☐ Moderate	☐ Mild	☐ None
Dress	☐ Unremarkable	☐ Clean	☐ Dirty	☐ Bizarre
Posture	☐ Normal	☐ Slumped	☐ Rigid	
Gait	☐ Normal	☐ Slow	☐ Hyper	
Eye Contact	☐ Maintained	☐ Avoided	☐ Overly Intense	
Mannerisms	☐ Unremarkable	☐ Gesture/Grimace	☐ Twitch/tic/tremor	☐ Other
Behavior	☐ Unremarkable	☐ Restless	☐ Lethargic	☐ Other
Mood/Feelings	☐ Depressed	☐ Angry/Irritable	☐ Help/hope less	☐ Apathy
	☐ Anxious	☐ Guilt/shame	☐ Euphoric	☐ Other
Affect	☐ Normal	☐ Constricted	☐ Flat	☐ Blunted
Thought Process	☐ Congruent	☐ Incongruent	☐ No Association	
Thought Content	☐ Unremarkable	☐ Hypochondria	☐ Phobias/Paranoia	☐ Other
Speech	☐ Normal	☐ Loud	☐ Guarded	☐ Slurred/rambling
Insight	☐ Excellent	☐ Good	☐ Fair	☐ Poor
Judgment	☐ Excellent	☐ Good	☐ Fair	☐ Poor
Recent Memory	☐ Excellent	☐ Good	☐ Fair	☐ Poor
Remote Memory	☐ Excellent	☐ Good	☐ Fair	☐ Poor
Concentration	☐ Excellent	☐ Good	☐ Fair	☐ Poor

N. Diagnosis ☐ See reverse for additional information

Based on Initial interview, clinician predicts the following DSM-5 Diagnosis :

ICD-10: _____ Description: _____

ICD-10: _____ Description: _____

ICD-10: _____ Description: _____

Diagnostic Justification and/or Assessment Measures: _____

O. Evaluation Completed By:

_____ _____ _____

Signature Print Name Date

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ADDITIONAL INFORMATION:

Patient Name | Therapist Name | Date

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