

Biopsychosocial Assessment Template

Report Date: _____

Name of person submitting report: _____

Client/Patient name: _____

Client/Patient date of birth: _____

Date of initial assessment: _____

Basic Information	
Gender	
Referred by	
Current situation	
Safety assessment	
Emotional state	
Physical state	
Priority 1 needs (emergency needs)	
Priority 2 needs (urgent needs)	

Priority 3 needs (short-term needs)	
Priority 4 needs (long-term needs)	
Sources of data collection	

Background & Detailed Assessment Information	
Individual strengths	
Supports & opportunities	
Identified help resources	
Clinical test scores (e.g. PHQ-9, GAD-7)	
Family composition & history	
Cultural values	
Social circle	
Education	

Past trauma	
Substance use	
Employment history	
Skills	
Leisure activities	
Motivations	
Patterns of crisis	
Criminal history	
Attitudes about money/ finances	

Medical History	
Is the individual being treated for a physical medical condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>If Yes, please describe.</p>	
<p>List any prior illnesses, operations, and accidents the individual has had.</p>	
<p>Is the individual currently taking any prescription medications for physical issues?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If Yes, please list medication and frequency taken.</p>	
<p>List the name of the individual's primary care physician</p>	
<p>Primary care physician contact details</p>	

<p>Add any additional comments related to the individual's mental health and medical history</p>	

Impressions, Assessment, Recommendations	
<p>Clinical summary & assessment</p>	
<p>Targets & goals</p>	
<p>Social worker recommendations</p>	