

# Bio-Psychosocial Intake

Name \_\_\_\_\_ Date \_\_\_\_\_

General Information:  M  F Age \_\_\_\_\_ Ethnicity \_\_\_\_\_

Married  Partnered  Single  Divorced  Widowed

Living arrangements: \_\_\_\_\_

Career: \_\_\_\_\_ Education: \_\_\_\_\_

Health:  Excellent  Good  Fair  Poor

Medical concerns: \_\_\_\_\_ (optional)

Behaviors:  Smoking  Alcohol  Drugs  Other \_\_\_\_\_ (optional)

Family of origin Parents:  Never married  Married  Divorced  Stepparent(s)

Father's parenting style (major characteristics): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Mother's parenting style (major characteristics): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Number of siblings: \_\_\_\_\_ Client's birth order \_\_\_\_\_

Religious upbringing: \_\_\_\_\_ (optional)

Significant childhood experiences (brief comment - no in-depth descriptions necessary)

Good/happy/positive	Age	Bad/negative/sad/disturbing	Age
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____