

## Biopsychosocial Assessment Criteria

Biopsychosocial Assessment: ARM 37.106.1413: BPS will include the following (examples provided of what to include in each section):

- Presenting problem(s) and history of problem(s)
  - Main reasons for seeking treatment/presenting problem/chief complaints
- Family History
  - Family of origin
  - Born and raised
  - Family makeup-siblings
  - Do you or any family have history of substance abuse, mental health disorders, medical conditions, family history of suicide
  - Childhood trauma
  - Current relationship with family
- Developmental History (including pregnancy, developmental milestones, temperament)
  - Was your birth without issues
  - Walk/talk on time
  - Learning disabilities/developmental delays
  - DV or substance use while mom was pregnant with you
  - Any therapy resource such as speech therapy, physical therapy, etc. used during childhood
- Substance use history – substance of choice, history of substance use, details of all use-current and historical
- Personal /Social History
  - Relationships
  - Education
  - Employment
  - Gambling
  - Sexual Orientation
  - Military History
  - Leisure Activities
- Mental Status Exam
- Legal History
  - Are you now or have you been on parole or probation, when, charges, etc.
  - Current or pending charges
  - RSO/RVO
  - DUI
  - Felony Warrants
  - OPD/Attorney
  - DFS Involvement

## Biopsychosocial Assessment Criteria

- Psychiatric History
  - Have you ever been hospitalized due to a mental health concern? If so, when where and why?
  - Ever been to treatment? If so, when, and where? Did you complete?
  - Do you have or have you ever been to a mental health provider/counselor? If so, when, and where?
  - Diagnoses
  - SI/SA
  - Have you ever wanted to harm and/or kill yourself
  - Thoughts or plans of harming others
  - Have you ever harmed yourself in a way that was not an accident? Explain?
  - How would you rate your mental health? Why?
- Medical History
  - Physical exam within past year?
  - Do you have a PCP? Name and agency
  - Have you ever been diagnosed with a medical condition  
Current medical conditions
  - How would you rate your physical health? Why?
  - Current medications
- Spiritual History
  - Cultural history/Identity/Origin
- Diagnostic Impression
  - What criteria makes the client meet LOC diagnosis
- Dimensional Analysis
  - Include Risk Ratings
  - Needs, strengths, skills and resources identified for each dimension
- Treatment Recommendation
  - Case Formation