Avers & Biddle Counseling Associates LLC
1681 Crown Avenue Suite 10 Lancaster, PA 17601
PHONE (717) 208-6686 FAX (717) 208-6687

Biopsychosocial

About you

How did you find out about our services?

Please describe the main difficulty that has brought you to see me.

What would you like to have happen in therapy? What would you like to see change?

How do you normally cope with stress?

What are your strengths?

What are your weaknesses?

What is your highest level of education and current occupation?

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Is there anything you would like me to know about your values, culture, or spiritual beliefs?

Have you had therapy in the past and if so please describe what was helpful, what you didn't like, etc.

Symptoms

Please check any symptoms you have experienced. Write next to it if it is a symptom you are currently experiencing (C), or something you experienced in the past (P):

- ☐ Generalized Anxiety
- ☐ Obsessions/Compulsions
- ☐ Depression
- ☐ Phobias
- ☐ Panic Attacks
- ☐ Suicidal Thoughts
- ☐ Sleep Disturbance
- ☐ Suicide Attempts
- ☐ Fatigue/Low Energy
- ☐ Self-Harm (cutting, burning, etc.)
- ☐ Poor Concentration
- ☐ Poor Appetite/Weight Loss
- ☐ Mood Swings
- ☐ Thoughts of hurting others
- ☐ Agitation/Irritability
- ☐ Physical Violence
- ☐ Weight Gain/Overeating
- ☐ Hearing/Seeing things
- ☐ Feeling like I'm being watched
- ☐ Sexual Dysfunction
- ☐ Grief/Loss
- ☐ Social Isolation
- ☐ Hyperactivity
- ☐ Somatic
- ☐ Complaints
- ☐ Excessive Guilt
- ☐ Dissociative States
- ☐ Flashbacks
- ☐ Nightmares
- ☐ Others:

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Medical and Psychiatric History

Have you ever received psychological, psychiatric, drug or alcohol treatment, or counseling services before? If yes, when and with who?

Have you ever taken medications for psychiatric or emotional problems? If yes, please indicate: When? Which medications? For what? From whom? With what results?

How would you describe your physical health (fair, poor, good, etc)?

Do you have any significant medical conditions?

Please list any medications you are currently taking:

From whom or where do you get your medical care? Please provide the office and or your doctor's name, phone, and address.

May I contact your medical doctor so that he or she can be fully informed and we can coordinate your treatment?

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Relationships in Your Family Of Origin

Please describe the following:

Your parents' relationship with each other:

Your relationship with each parent and or with any other significant adults that have been present in your life:

Your parents' medical problems, drug or alcohol use, and mental or emotional difficulties:

Your relationship with your siblings in the past and present:

Present Relationships

Please list all members currently living in the home and your relationship with them.

If you are partnered, how do you get along with your significant other?

If you have any, how do you get along with your children?

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What relationships are important to you?

Abuse History

Is there any history of physical, emotional or sexual abuse?

If there is a history, please answer the following questions:
When did this occur? Has it been reported? Who was it reported to and when?

Have you witnessed any family violence?

Have you ever abused anyone?

Do you feel safe in your current living situation?

Chemical Use

How many drinks do you have per day that contain caffeine?

How much tobacco do you smoke or chew each week?

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How much beer, wine, or hard liquor do you consume each week, on the average?

Have you ever felt the need to cut down on your drinking?

Have you ever felt annoyed by criticism of your drinking?

Have you ever felt guilty about your drinking?

Have you ever felt the need to have a drink first thing in the morning?

Are there times when you drink to unconsciousness or run out of money as a result of drinking?

Have you ever used inhalants ("huffing"), such as glue, gasoline, or paint thinner? If yes, which and when?

Which drugs (not medications prescribed for you) have you used in the last 10 years?

Please provide details about your use of these drugs, such as amounts, how often you used them, their effects, etc.:

Legal History

Are you presently suing anyone or thinking of suing anyone? If yes, please explain:

Are you required by a court, the police, or a probation/parole officer to have this appointment? If yes, please explain:

Are you currently on probation, parole, or do you have pending legal charges or fines?

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Are there any other legal involvements I should know about?

Other

Is there anything else that is important for me as your therapist to know about, and that you have not written about on any of the intake forms?