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Child/Adolescent Biosocial Inventory

The Biosocial Inventory is a confidential form used by mental health clinicians to gather information regarding a client's biological and social background. This information is used in assistance to the client's treatment and will be kept in their confidential chart. Please take your time and answer each question carefully. If the client is of an appropriate age and capacity, please complete the form with the client.

Referral Source: _____

Name of person completing this form: _____

Relationship to client: _____

Demographic Information

Client Name: _____

Date of Birth: _____ Age: _____

Sex: _____ Gender: _____

Nation/Tribe/Ethnicity: _____

Primary/Secondary Language: _____

Religious/Spiritual Identity, if any: _____

Name of School: _____

Grade Level: _____

Any special education or learning problems? ____ Yes ____ No

If yes, please explain:

Parent(s) Name(s): _____

Address: _____

Phone Number: _____

Marital Status: ___ Single ___ Dating ___ Married ___ Separated
 ___ Divorced ___ Widowed

Does the parent or parents listed above have custody of the client? ___ Yes ___ No
If not, please provide the name, phone number, and address of the person/agency who has custody:

Does the client live at the above address? ___ Yes ___ No
If not, please list client's address and phone number:

Health Information

Client's approximate weight: _____ height: _____

Have there been recent weight changes: ___ Yes ___ No
If yes, please identify the amount lost or gained: _____
Over what period of time? _____

List all important past or present illnesses, injuries, disabilities, or limitations:

Rate client's physical health:
___ very good ___ good ___ average ___ poor ___ other (explain):

Primary Care Physician Information:

Name: _____

Address: _____

Phone Number: _____

Date of client's last medical examination: _____

Is the client currently taking any medication? ____ Yes ____ No

If yes, please identify the medication, dosage, and frequency of use (i.e. Zoloft, 25mg, Daily):

Prescribed by (*name, phone number, and address if different than PCP above*):

History of psychiatric hospitalization? ____ Yes ____ No

If yes, specify when and where:

Has the client received counseling services in the past? ____ Yes ____ No

If yes, please identify the counselor and approximate date(s) of treatment:

Has the client ever used street drugs or alcohol? ____ Yes ____ No

If yes, please identify the substance(s) and pattern of use:

Social and Familial Information

Has the client had involvement with the law? ____ Yes ____ No

If yes, please explain:

Is this a current issue? ____ Yes ____ No

Children's Services Involvement: ____ Past ____ Present ____ Never (*check all that apply*)

Please explain involvement:

Please identify any of client's current interests (i.e. creative writing, sports, volunteering, etc.):

Briefly describe client's social patterns (i.e. makes friends easily, isolates self, bullied, etc.):

Familial Information

Please identify family members:

Name	Age	Relationship to Client	Quality of Relationship (poor, fair, good, excellent)

Significant person(s) in client's life not listed above:

Please identify any past or current pertinent family information (i.e. deaths, traumas, adoptions, medical issues, substance abuse, frequent moves, economic hardships, etc.):

Person(s) client is closest to: _____

Person(s) client is least close to: _____

Comments:

Self-Descriptive Information

Check any of the following words which you and/or client believe apply to the client now:
(Identify any differences in opinion between person filling out form and client with initials)

- | | | | |
|-----------------|-------------------|----------------|---------------|
| ___ outgoing | ___ moody | ___ compliant | ___ dependent |
| ___ independent | ___ quiet | ___ victimized | ___ nice |
| ___ controlling | ___ likable | ___ emotional | ___ distant |
| ___ suicidal | ___ impulsive | ___ restless | ___ confused |
| ___ often blue | ___ untrustworthy | ___ confident | ___ bored |

<input type="checkbox"/> misunderstood	<input type="checkbox"/> lost	<input type="checkbox"/> lonely	<input type="checkbox"/> depressed
<input type="checkbox"/> aggressive	<input type="checkbox"/> shy	<input type="checkbox"/> sensitive	<input type="checkbox"/> hardworking
<input type="checkbox"/> unreliable	<input type="checkbox"/> serious	<input type="checkbox"/> imaginative	<input type="checkbox"/> impatient
<input type="checkbox"/> competent	<input type="checkbox"/> creative	<input type="checkbox"/> talented	<input type="checkbox"/> passive
<input type="checkbox"/> naïve	<input type="checkbox"/> guilty	<input type="checkbox"/> angry	<input type="checkbox"/> hostile
<input type="checkbox"/> anxious	<input type="checkbox"/> assertive	<input type="checkbox"/> unconcerned	<input type="checkbox"/> ambitious
<input type="checkbox"/> easily influenced	<input type="checkbox"/> intelligent	<input type="checkbox"/> dishonest	<input type="checkbox"/> self-conscious
<input type="checkbox"/> worthless	<input type="checkbox"/> hopeful	<input type="checkbox"/> hopeless	<input type="checkbox"/> detached
<input type="checkbox"/> leader	<input type="checkbox"/> critical	<input type="checkbox"/> worn down	<input type="checkbox"/> superior
<input type="checkbox"/> active	<input type="checkbox"/> hyperactive	<input type="checkbox"/> calm	<input type="checkbox"/> inferior

List your 5 main fears:

What are your personal strengths?

Please circle the answer that best describes the client's current situation (*adolescents only*)

- | | | | | | |
|--|--------------|---------------|-------------|--------------|---------------|
| 1. I get along well with others | never | rarely | some | often | always |
| 2. I tire quickly | never | rarely | some | often | always |
| 3. I feel little interest in things | never | rarely | some | often | always |
| 4. I blame myself for things | never | rarely | some | often | always |
| 5. I feel irritated | never | rarely | some | often | always |
| 6. I have headaches | never | rarely | some | often | always |
| 7. I feel stressed | never | rarely | some | often | always |
| 8. I feel lonely | never | rarely | some | often | always |
| 9. I feel fearful | never | rarely | some | often | always |
| 10. I have thoughts of ending my life | never | rarely | some | often | always |
| 11. I feel worthless | never | rarely | some | often | always |
| 12. I am a happy person | never | rarely | some | often | always |
| 13. I am concerned about family troubles | never | rarely | some | often | always |
| 14. I work/study too much | never | rarely | some | often | always |
| 15. I have frequent arguments | never | rarely | some | often | always |
| 16. I feel loved | never | rarely | some | often | always |
| 17. I enjoy my free time | never | rarely | some | often | always |
| 18. I have difficulty concentrating | never | rarely | some | often | always |
| 19. I feel hopeful about the future | never | rarely | some | often | always |
| 20. I like myself | never | rarely | some | often | always |
| 21. I have disturbing thoughts I can't get rid of | never | rarely | some | often | always |

22. I have an upset stomach	never	rarely	some	often	always
23. I have trouble getting along with my friends	never	rarely	some	often	always
24. I am satisfied with my life	never	rarely	some	often	always
25. I have sore muscles	never	rarely	some	often	always
26. I am afraid of open spaces, driving, or being on buses	never	rarely	some	often	always
27. I feel nervous	never	rarely	some	often	always
28. I have regrets about things in my life	never	rarely	some	often	always
29. I have trouble falling or staying asleep	never	rarely	some	often	always
30. I feel something is wrong with my mind	never	rarely	some	often	always
31. I feel sad	never	rarely	some	often	always
32. I feel angry enough to do something I may regret	never	rarely	some	often	always
33. I have too many disagreements with others	never	rarely	some	often	always
34. I am satisfied with my relationships	never	rarely	some	often	always
35. I am content with my spiritual life (if applicable)	never	rarely	some	often	always
36. My heart pounds too much/too fast	never	rarely	some	often	always

Problem Analysis

Problem Description: *Briefly describe the issue(s) that the client and you would like addressed:*

Problem Intensity: Rate the intensity level of the problem or concern:

___ not intense ___ moderately intense ___ extremely intense

Problem Duration: How long has the client had the current problem or concern?

Coping Attempts: In what ways has the client attempted to cope with the problem or concern?

Upon the completion of treatment, what do you hope to have accomplished (i.e. goals for treatment)?

Signature: _____ **Date:** _____