Intake Note with Biopsychosocial Assessment

Patient Name: Clinician:

DOB: Session Date:

3. Symptoms		
In the last 30 days, have you experienced any of the following symptoms?		
☐ ADHD behavior	☐ Agitation	☐ Anger
☐ Anxiety attacks	☐ Binge eating	☐ Body aches
☐ Boredom	☐ Can't sit still	☐ Crying
☐ Delusions	☐ Depression	☐ Difficulty concentrating
☐ Difficulty trusting others	☐ Disorganized thinking	☐ Exhaustion
☐ Feeling slow	☐ Food restriction	☐ Grandiosity
☐ Grief/Loss	☐ Guilt	☐ Hallucinations
☐ Harm to others	☐ Headaches	☐ Hearing things
☐ Hopelessness	☐ Hypersexuality	☐ Hypervigilance
☐ Impulsivity	☐ Increased goal-directed behavior	☐ Intellectual disability
☐ Interpersonal issues	☐ Intrusive images/thoughts	☐ Irritability
☐ Isolating	☐ Lack of energy	☐ Libido disturbance
☐ Loss of appetite	☐ Loss of interest	☐ Low self-esteem
☐ Mood instability	☐ Morbid thinking	☐ Nightmares/Flashbacks
☐ OCD behavior	☐ Overwhelmed	☐ Panic attacks
☐ Paranoia	☐ Personality disturbance	☐ Poor hygiene
☐ Purging	☐ Racing thoughts	☐ Recklessness
☐ Risk-taking behavior	☐ Sadness	☐ Seeing things
☐ Self-harm/self-injury	☐ Sleep disturbance	☐ Social anxiety
☐ Startled easily	☐ Suicidal thoughts	☐ Suspiciousness
☐ Talking faster	☐ Thoughts of dying	☐ Unmotivated
☐ Unstable sense of self	☐ Verbal outbursts	☐ Violence
☐ Weight gain/loss	☐ Worrying	☐ Worthlessness
☐ Somatic complaints (physical manifestations) such as sweating hands, muscle tension, etc.		
☐ Other:		