



Behavior Assessment – Individual

Presenting Problem

How did you hear about our services? _____

Who referred you? _____ **Or**, describe what is happening in your life that lead to you decision to seek treatment at this time? :

How do you see your issues/concerns directly affecting your life? Example: not doing things with family, using household funds to for other things, etc?

Have your issues/concerns impacted anyone else besides yourself? _____

Intrapersonal Issues

Physical Health

How would you describe your health on a scale of 1 to 10? (10 being the Best you ever felt.)

Scale: 1 2 3 4 5 6 7 8 9 10

Counselor’s observation of patient’s physical health: Poor Average Good Excellent

Current medications prescribed for medical purposes and over the counter drug used, including vitamins and herbal medications:

Weight: Client’s report: underweight, or overweight. By # of lbs. _____

Patient’s nutritional status: # of meals a day _____. Do you eat a balanced diet? Yes No

Do you have difficulty with shopping, cooking or hygiene? Yes No

Sleep Patterns: Do you have a regular bedtime and wake up time? Yes No. Sleep _____ hours per night

Do you have any other medical conditions? Yes No If yes what _____

Do you have a primary care physician? Yes No If yes – Name _____ Date last seen _____

Do you have any limitations that impact daily activities? Yes No If yes what? _____

Pain Issues: What is your current level of pain (0-to-10, with 0 =None, 10 = Worst)? _____. How long have you been having this pain? _____. Describe the probable source of the pain you are having. _____

Mental Health or other Emotional Issues

Have you ever had a significant period in which you experienced the following?

- Anxiousness/nervousness Grief and loss issues Inability to comprehend Sleep disturbances
- Loss of appetite Serious depression Isolation Loss of motivation
- Numb (no emotional life) Lonely Eating disorder(s); if checked; Anorexia, Bulimia
- Anger Hostility/violence Self-esteem problems Shyness
- Shame Stress Boundaries (too passive - too aggressive)
- Phobias/paranoia/delusions Clouded or confused thinking Trouble with writing
- Hallucinations. if checked, also note: Audio Visual. Trouble with reading
- Other(s): _____



What is your rating of their mental health? Poor Average Good Excellent

Counselor's rating of the patient's mental health? Poor Average Good Excellent

Do you like yourself? Yes No Explain: _____

Is there anything you did in your past that still bothers you today? No Yes, if yes: Describe: _____

Suicide Ideation/Attempts

Do you have a family history of suicide? Yes No If yes explain: _____

Have you ever (past or present) thought about committing suicide? Yes No If yes date of last thought: _____

Do you have a current plan to harm yourself? Yes No If yes evaluate level of risk.

Current Level of RISK: None 1 2 3 4 5 6 7 8 9 10 **If risk is above a 5 then a No-Harm Contract must be signed. If risk is above an 8 and client is unable to contract for safety call a CDMHP.**

Violence/Abuse History

Do you have homicidal thoughts? Yes No If yes explain: _____

Do you have a history of combative or assaultive behavior? Yes No If yes explain: _____

Have you ever been *physically* abused? Yes No If yes explain: _____

Have you received counseling for this issue? Yes No If yes, by whom: _____

Have you ever been *sexually* abused? Yes No If yes explain: _____

Have you received counseling for this issue? Yes No If yes, by whom: _____

Have you ever been *emotionally* abused? Yes No If yes explain: _____

Have you received counseling for this issue? Yes No If yes, by whom: _____

Have you ever been accused of sexually abusing anyone else? Yes No If yes, victim(s) (gender, age, family or not, etc.—do not include names) and your age(s) at time(s) of committing abuse(s): _____

Was your abuse reported to the authorities? Yes No If yes, what was the Outcome? _____

Are you required to register as a sex offender? Yes No. Indicate Level: I. II. III. (If II or III, do an Offender Contract) If

"Yes," is your registration current? Yes No List State/County _____

(Note to counselor: Obtain releases to County Sheriff where involved, and any other relevant Legal information)



INTERPERSONAL

Do you have children? Yes No Are any of your children not in your care? Yes No
 If yes explain (including any loss of parental rights): _____
 What community supports do you have? _____
 Do you have supportive family members? Yes No Supportive friends? Yes No
 Are you currently in a relationship? Yes No is your Spouse/SO supportive? Yes No
 Current living situations? _____
 Who else is supportive of your needs? _____
 What do you do for fun – leisure activities? _____
 During the past 12 months have you had any significant relationship problems with your spouse/partners due to issues?
 Yes No If yes what? _____

Educational - Vocational

Do you have any military history? Yes No IF yes explain: _____
 Have you worked in the last 6 months? Yes No Primary occupation: _____
 If yes explain (include job titles and last full time employment): _____
 Have you ever been wrote up or reprimanded at work due to your issues? Yes No If yes explain: _____
 Have you ever stolen from work to support your needs? Yes No If yes explain: _____

LEGAL

Have you ever been in trouble with the law? Yes No If Yes, was it due to your issues? Yes No
 Do you have any upcoming court dates? Yes No Are you currently on probation? Yes No
 Have you been court ordered to do participate in services? Yes No If yes explain: _____

FINANCIAL

Do you have funds for basic needs? Yes No Have you ever had any items repossessed? Yes No
 Are you struggling or feeling stress about your finances? Yes No
 Do you have credit cards? Yes No Are they maxed out? Yes No
 Do you have a checking account? Yes No Do you balance it: Daily Weekly Monthly Never

Spiritual

Do you currently identify with any organized religion? Yes No. Or other spiritual beliefs/practices? Yes No
 Please explain: _____
 Do you believe in a higher power? Yes No
 Explain: _____
 Do you believe that what goes around comes around? Yes No
 Explain: _____