

Integrated Biopsychosocial Intake		
Name:	DOB:	Client ID:
Intake Date(s):	Accompanied by:	

Informant Name:	Relationship:	Phone & E-Mail
Additional Sources of Information:		Interpreter Used?

Introduction
<ul style="list-style-type: none"> Introduce yourself to the client and provide brief background information (e.g., your personal pronouns, how the family would like to be addressed, your past experiences working with youth and families). Describe to the family what to expect from the assessment process and ask if they have any questions.
Presenting Complaint (Caregiver & Child Together)
<p>Nature of the problem in client/caregiver's own words: <i>How would you describe what you/your child is dealing with in your own words?</i></p> <p>How they would describe the problem to others in their community: <i>How would you describe it to your family or others in your community?</i></p> <ul style="list-style-type: none"> Onset, Duration, Frequency, Intensity Contexts (home, school, other places) A (Antecedents) <i>What triggers the behavior? When is it worse? When is it better?</i> B (Behaviors) <i>What do you see? – be specific</i> C (Consequences) <i>What happens after the behavior occurs?</i> <p>What concerns client/caregiver most about their problem: <i>What concerns you most about [the current challenge]?</i></p>

History of Presenting Complaint (Caregiver & Child Together)
<p>Client, caregiver and other family understanding of the cause of their difficulties: <i>What do you think has led to [these challenges]?</i></p> <p><i>What do others in your family, your friends, or others in your community think is causing [these challenges]?</i></p> <p>Probe if needed: <i>Some people may explain their problem as the result of bad things that happen in their life, problems with others, a physical illness, a spiritual reason, or many other causes.</i></p>
Somatic Functioning (Caregiver and Child Together)
Sleep:
Weight:
Appetite:
Concentration:

Client Past Psychiatric History (Caregiver and Child Together)
<p>Previous support received (including non-mental health providers: spiritual counseling, traditional healing, community member): <i>Often, people look for help from many different sources, including different kinds of doctors, helpers, or healers or someone in their community. In the past, what kinds of treatment, help, advice, or healing have you sought for [these challenges]?</i></p>

- **Experiences with their services (helpful and unhelpful):** *In what ways were the previous experiences helpful/unhelpful?*

Barriers to receiving services: *Has anything prevented you from getting the help you need?*

- **Logistical Barriers (e.g., finances, childcare, transportation):** *For some families, things like finances, childcare, or transportation get in the way of them getting the care they need. Has that been a problem for you?*
- **Social/Cultural Barriers (stigma, discrimination, lack of language-appropriate services):** *For some families, things like stigma about mental health, experiences of discrimination in the healthcare system, not feeling understood by their provider, or not having services available in their native language (only probe for relevant content) get in the way of them getting the care they need. Has that been a problem for you?*
- **Other Barriers:** *Anything else I haven't mentioned?*

Current treatment expectations:

- **Treatment outcomes:** *What do you hope to get out of therapy?*
- **Therapeutic Relationship:** *"Sometimes clients have a hard time because they feel misunderstood or disrespected by their therapist, maybe because they come from different backgrounds, or have different expectations. Is this something you are concerned about now?", "I will try my best to listen and understand you and there will likely be times when I mess up or say something that doesn't sit well with you. I would like you to try telling me if that happens, so that I can do better, okay?"*

Psychotherapy

Past Psychotherapy? Yes No

Treatment Type(s)/Setting:

Current Psychotherapy? Yes No

Treatment Type(s)/Setting:

Psychiatric Medication(s)

Previous experiences with medication use and beliefs about medication: *Is your child currently taking any medications for [their current mental health difficulties]? If yes, what have your experiences been with medication? People have different beliefs about using medication, what do you/your family believe?*

Name/Dose/Frequency	Reason	Dose	Compliant (yes/no)

Client Medical History (Caregiver and Client Together)

Current Medical Problems:

Significant Past Illnesses/Surgeries:

Onset of puberty?	No	Yes, age of onset:	Not assessed
Immunizations up to date?	No	Yes	Don't know

Medications for Medical Conditions

Name/Dose/Frequency	Reason	Dose	Compliant (yes/no)

Developmental History (Caregiver Alone)

Pregnancy & Delivery				
Complications			No Yes:	
Significant injuries/illnesses during pregnancy			No Yes:	
Exposure to medications			No Yes:	
Exposure to drugs/alcohol			No Yes:	
Birth:	Full Term	Premature, gestational age:	Other	Birth Weight: ____ lbs. ____ oz.
Developmental Milestones				
Milestone	Age	Developmental delays?		
Walked		No Yes: describe		
Talked		No Yes: describe		
Toilet trained		No Yes: describe		
History of Problems in Early Childhood				
Excessive crying or tantrums		No Yes: describe		
Sleeping		No Yes: describe		
Eating		No Yes: describe		
Early childcare or preschool problems		No Yes: describe		

Client Social History (Caregiver Alone)			
Who lives in the home?			
Name:		Relationship to client:	
Additional Caregiver Employment:			
Additional Relationship Status Information:			
Agency Involvement:	None	DCYF: voluntary involuntary	Other:
Any Placement History:			
Family Circumstances/Stressors: <i>Are there any stressors your family is experiencing that are causing problems for you (such as family problems not being able to afford the food or housing you need, experiences of racism/discrimination, community violence, immigration stressors)?</i>			

School Information (Caregiver and Child Together)	
School/academic family expectations: <i>What expectations do you have for your child's academic performance? (For caregiver)</i>	
Current challenges with school/strengths: <i>Are there any challenges that you are currently having in school (e.g., academically or socially)?</i>	
School:	Grade:
Special Education: No Yes	Decline in academic performance?
Describe:	

Client Social Functioning (Caregiver and Child Together)
Child/Family Strengths:
Languages:

Family routines or traditions:

Hobbies:

After school activities:

Client Social Functioning Cont. (Caregiver and Child Separately)

Understand family norms and relationship dynamics

Relationship with current caregiver(s):

Relationship with other important family/community members in client's life:

Relationship with sibling(s):

Peer relationships (e.g., play cooperatively, positive peer choices, bullying, dating):

Parenting values (ask caregivers only): *"What is most important to you, in your role as a caregiver (i.e., respect, independence, safety)?"*

Client Medical History Continued (Child alone: age 12+)

Sexually Active	n/a	No	Yes
Pregnant	n/a	No	Yes

Sexual Orientation and Gender Identity (Child alone: age 7+)

I am now going to ask you some questions that can be really important for some kids and not so important for others. If you aren't sure how to answer, that's okay, you can just tell me you aren't sure.

Sexual Orientation

For older clients: *When you think about who you have feelings for romantically or physically, or who you have a crush on, who do you picture? Males, females, both, neither?*

For younger clients: *Some kids your age have crushes on, or feelings for, other kids that are special to them. Some kids have crushes on boys, girls, both, or neither. Who do you picture?*

Sexual Orientation:

Gender Identity

For older clients: *As I mentioned before, my pronouns are _____. What pronouns feel best to you? And how do you identify your gender?*

Probe if needed: *Gender identity is who we see ourselves as on the gender spectrum (such as female, male, neither, somewhere in the middle).*

For younger clients: *Gender is who we are in our head and our heart when we close our eyes – some kids feel like a girl, boy, neither, or both. What do you feel like?*

Gender Identity:

Client Social Identity (Caregiver and Child Separately)

Caregiver and older clients: *People's backgrounds or identities influence their experiences in life and with their/their child's mental health, so it is important for us to begin to explore that. Important aspects of your background or identity may include: your nationality, the languages you speak, race or ethnicity, gender*

identity or sexual orientation, faith or religion, disability status, family closeness, or even your profession or hobbies you enjoy. I would like to hear from you – what are some parts of you that are important to you?

Are there any aspects of your background or identity that make a difference to your/your child's [challenges]?

Strengths related to salient identities/community: *What do you enjoy about _____. What strength do you draw from _____?*

Stressors related to salient identities: *Are there any aspects of your background or identity that are causing (other) concerns or difficulties for you?*

For younger clients: *Do you feel you are like other children/youth your age? In what way?
Do you sometimes feel different from other children/youth your age? In what way?*

What is something that is special about you or your family that you like or that you are proud of?

Family Psychiatric History (Caregiver Alone)

Now I want to learn a bit about family history of mental health and how your family discusses mental health.

Family History: *Does anyone in your family have a history of mental health difficulties?*

How is mental health handled in the family or community: *What is your family's comfort level with discussing topics related to mental health? How does your family discuss mental health?*