Biopsychosocial Assessment

A one page summary of the intake: biological, psychological and social factors, then your formulation

Client and reason for referral

Client name or ID | Age | Date(s) | Clinician and credentials

Referral and sources

Presenting problem

Biological

Health and medications

Sleep, appetite, energy

Substance use ☐ None reported ☐ Alcohol ☐ Cannabis ☐ Nicotine ☐ Other

Use details / screens

Psychological

Past treatment

Trauma history ☐ Screened: none ☐ Disclosed (brief) ☐ Deferred (why)

Mood, symptoms, scores

Mental status summary

Social

Family and relationships

Work, school, money

Housing, legal, access

Culture, identity, faith

Risk, strengths and formulation

Risk ☐ Asked: denied ☐ Present (see risk page) ☐ Safety plan made

Strengths and supports

Formulation (4 Ps)

Diagnostic impression

Recommendations

Clinician signature and credentials

Date and time signed

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Biopsychosocial Assessment

A one page summary of the intake: biological, psychological and social factors, then your formulation

FILLED EXAMPLE · fictional client and clinician, for illustration only

Client and reason for referral

Client name or ID	Age	Date(s)	Clinician and credentials
R.M. (fictional example)	34	11/12/2026	T. Okafor, LCSW (fictional)

Referral and sources: Self referred (PCP suggested); client interview, PCP letter with consent

Presenting problem: Worry, poor sleep, low mood for 4 months since layoff in July;

"I can't switch my brain off." Missing family events, 2 job interviews.

Biological

Health and medications: Hypothyroid, levothyroxine; TSH normal 9/2026 per PCP letter

Sleep, appetite, energy: Sleep 4 to 5 hrs, wakes 3 am; appetite down; low energy

Substance use: ☐ None reported ☑ Alcohol ☐ Cannabis ☐ Nicotine ☐ Other

Use details / screens: Wine 2 to 3 glasses most nights since July; AUDIT-C 6

Psychological

Past treatment: Counseling in college, 8 sessions, helpful; no meds, no hospital

Trauma history: ☑ Screened: none ☐ Disclosed (brief) ☐ Deferred (why)

Mood, symptoms, scores: PHQ-9 14, GAD-7 16; worry most days; enjoys less

Mental status summary: Alert, oriented; anxious affect; linear; insight good

Social

Family and relationships: Lives with partner (supportive); sister nearby; father died 2023

Work, school, money: Laid off from logistics job 7/2026; severance ends 12/2026

Housing, legal, access: Rents apartment, stable; no legal issues; insured

Culture, identity, faith: Values being the provider; Catholic, attends sometimes

Risk, strengths and formulation

Risk: ☑ Asked: denied ☐ Present (see risk page) ☐ Safety plan made

Strengths and supports: Partner, sister, past good use of therapy, runs

Formulation (4 Ps): Predisposing: anxious temperament, family history of anxiety. Precipitating: layoff.

Perpetuating: worry at night, alcohol for sleep, withdrawal. Protective: partner, skills.

Diagnostic impression: GAD considered; rule out MDD; alcohol use to monitor

Recommendations: Weekly CBT 12 sessions; sleep plan; alcohol goal; PCP update

Clinician signature and credentials	Date and time signed
T. Okafor, LCSW (fictional)	11/12/2026, 4:40 pm

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Before You Sign: Biopsychosocial

Ten checks for the write up, plus a blank 4 Ps grid for your formulation

Before you sign

- [ ] 1. Presenting problem is in the client's words and in yours.
- [ ] 2. Each of the three areas has content, or a reason it was not assessed.
- [ ] 3. Medications, health conditions and substance use are recorded.
- [ ] 4. Risk was asked about directly, and the answer is written down.
- [ ] 5. Sensitive history was asked at the client's pace, not forced.
- [ ] 6. Sources are named: client, family, records, other providers.
- [ ] 7. Strengths and supports are as specific as the problems.
- [ ] 8. The formulation links the facts; it is not a repeat of them.
- [ ] 9. Recommendations follow from the formulation and the client's goals.
- [ ] 10. Signed with credentials and date; updates by dated addendum.

4 Ps formulation grid

	Biological	Psychological	Social
Predisposing what made them vulnerable			
Precipitating what set it off now			
Perpetuating what keeps it going			
Protective what helps			

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