



# HLC BIOPSYCHOSPIRITUAL ASSESSMENT (EXTENSIVE)

## Honey Lake Clinic Comprehensive BioPsychoSpiritual Assessment

Date/Time \_\_\_\_\_

1. **Chief Complaint** – Patient’s primary struggle

a. In 1-2 sentences, what is your main struggle and the main reason for seeking treatment now?

b. When did symptoms for this present episode start or when was the last time you were yourself?

c. If this wasn’t your first episode of struggle, at what age did this issue start impacting your life?

2. **History of Your Present Illness** - Tell me more about your primary struggle/chief complaint.

a. Was there any event or situation that started your present struggle?

b. Tell me more about your struggle.

c. Are there any other past or current **STRESSORS** affecting you right now?

d. What are some of the **EMOTIONS** you’ve experienced?

e. What are some of the abnormal **THOUGHTS** that run through your head?

f. What problem **BEHAVIORS or ACTIONS** are you currently doing?

g. What **MISTAKES** have you made during this struggle?

h. Tell me the negative **IMPACT** these things have had on your life?

i. Tell me how your **FUNCTIONING** has been affected?

j. On a scale of 100 = best you've ever been, 0 = worst you've ever been, (the formatting here is good\_)

i. What number is your usual baseline when life is "normal?"

ii. What number would you rate yourself right now?

iii. What number would you rate yourself next week if you didn't get help?

k. Have you had other times when you struggled in your past? Yes or No

i. How many?

ii. How old were you when they happened?

iii. What is the longest they lasted?

iv. Tell me more about those past episodes.

3. **Psychiatric Symptoms:** Please tell me if you have some of these symptoms now or in the past, or never.  
**(Jesus, keep this column formatting: (Make 4 columns, the 1st column is "Past 2 weeks," the 2nd column is "This episode but not in 2 weeks," and the 3rd column is "Yes in past, but not present episode", and the 4th column is "Never/None")**

**a. Depressed/Sad**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**b. Anxiety/Worry**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**c. Sleep disturbance**

i. Too much sleep

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

ii. Too little sleep

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

iii. Trouble falling asleep.

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

iv. Not sleeping straight through the night without waking up

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

v. Waking up earlier than you like or planned and staying up

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**d. Appetite disturbance**

i. Eating too much

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

ii. Not eating enough or loss of appetite

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

iii. Recent weight gain

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

iv. Recent weight loss

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**e. Energy changes**

i. Lethargic or frequently tired

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

ii. Too Energized, Restless, Agitated, Hyper

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**f. Decreased concentration or attention**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**g. Difficulty enjoying pleasurable activities or inability to feel pleasure.**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**h. Crying**

i. Too much

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

ii. Unable to

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**i. Guilt**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**j. Hopeless**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**k. Helpless**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**l. Lots of thoughts bouncing through my head**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**m. Excessive activity or productivity abnormally high**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**n. Hearing sounds or voices that no one else does**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**o. Physically seeing things that nobody else can see.**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**p. Feelings of paranoia, Conspiracy, or Persecution**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**q. Unusual beliefs or thoughts that nobody else shares**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**r. Obsessive thoughts about particular things**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

4. **a. What are those areas you obsess about?**

**b. Any compulsive, repetitive, or habitual behaviors or thoughts (handwashing, checking things, counting, orderly or neatness, etc) that if you don't do, you would be uncomfortable or others would see as odd**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**c. Panic attacks**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**d. Nightmares**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**e. Flashbacks**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**f. Easily startled.**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**g. Avoidance behaviors**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**h. Phobias**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

i. If so, to what

**i. Memory struggles**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**j. Dissociative episodes**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**k. Impulsive behaviors**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**l. Rage or strong temper**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**m. Struggle controlling anger or outbursts.**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**n. Physical aggression**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**o. Verbal aggression**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**p. Decision-making struggles**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

5. a. Describe

**b. Struggles with self-confidence.**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**c. Social nervousness or discomfort**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**d. Communication struggles**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**e. Conflict avoider**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**f. People pleaser**

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**g. Eating problems**

i. Restricting intake

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

ii. Binging episodes

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

iii. Purging (throwing up) episodes

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

iv. Obsession with food

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

v. Obsession with diet

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

vi. Concerned about body image.

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

vii. Taking laxatives

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

viii. Taking diet pills

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

ix. Excessive exercise to control weight.

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

x. Unusual rituals to cut, chew, swallow food.

Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**h. Overly concerned with physical health, fear of being sick, obsessed with a physical symptom.**

- Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**i. Fear of dying**

- Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**j. Self harm (cutting, burning, picking, scratching, hitting, other)**

- Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**k. Thoughts of death (how you would die, great to not wake up, want to be with Jesus now)**

- Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

**l. Thoughts of suicide or hurting yourself**

- Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

i. Intentions to hurt yourself.

- Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

ii. A plan to hurt yourself.

- Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

iii. Past attempts of suicide or to hurt yourself.

- Past 2 weeks  This episode but not in 2 weeks  Yes in past, but not present episode  Never/None

Age	Method	What Happened



6. **Behavioral Health Treatment History (Current and Past)**

a. Current Psychiatrist (Leave as is, but only need room for one name and phone)

Name	Phone Number

b. Current Therapist/Counselor (Leave as is)

Name	Phone Number





**7. Past Medical History**

a. Current Medical Issues – if you have a menu of medical issues for them to check the box.

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b. Past Resolved Significant Medical Issues

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c. Most recent physical exam

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d. Current Medications

--

e. Vitamins and Alternative or Holistic Supplements

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f. Medication Allergies

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g. Food Allergies

--

h. Other Allergies

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**11. Social History/Recreation/Hobbies**

a. Diet

i. How many meals a day

ii. Special concerns, limitations, or restrictions

b. Exercise

i. How often (Daily, couple times per week, several times per month, rarely)

ii. What kind (Aerobic, High Intensity, Strength, stretching, sports/activities)

c. Recreational Activities – What do you do for enjoyment. (List the activity, how often, whether done with others, at what age did you start engaging this activity)

d. How would you describe yourself: social person or introvert?

e. Who are the people you like to socialize or do things with?

f. Are you satisfied with your social life?       Yes    No

g. Is your social life too active?       Yes    No

**12. Sexual History**

a. Age at first foreplay

b. Age at first intercourse

c. How many sexual partners

d. Ever any same sex partners, urges, interest

e. Rate your interest in sex – lo, medium, high

f. Currently sexually active (If yes, what is the frequency)

g. Any pain or discomfort with sex

h. Any sexual dysfunction or struggle

i. Does your sexual interest match your partners

j. Any unusual sexual practices or habits



k. Any past sexually transmitted diseases

l. Ever any unwanted or forced sexual activity you were a victim of? (Please list when, by whom, what did the perpetrator do, did anyone find out, how did they find out, what was the impact on you)

m. Ever any sexual activity you pushed on another person non-consenting or ambivalent person? (Please list when, on whom, what did you do, did anyone find out, how did they find out, what was the impact on you.)

**13. Family Of Origin - The Timeline of Your Life**

a. Describe your biological mother and father and their relationship

b. Who raised you?

c. Any step or surrogate parents involved in while you were growing up?

i. List and describe them

d. Describe those who raised you if not your biological parents

e. Which parent were you closest to growing up?

f. Which parent most influenced who you are today?

g. Which parent are you closest to now?

h. List the birth order of you and your siblings with ages.

i. Describe each of your Siblings

j. Was love evident in your home?

k. Did your parents freely tell you they loved you?

l. How were emotions expressed in your childhood home?

m. How comfortable did you feel with your emotions?

n. How comfortable did you feel expressing your emotions?

o. How comfortable did your feel with the negative emotions of others around you?

p. Who were your role models growing up?

q. What psychological skills did you learn in your childhood?

r. What didn't you learn in your childhood that you wished you learned?

s. How well did your family teach you social skills?

t. Was it easy for you to make friends?

u. Were social interactions comfortable for you?

v. Were you able to make and keep deeper friendships?

w. Did you enjoy school?

x. Was school easy or hard for you?

y. Were you motivated in school?

z. How did you do in school?

aa. Did you have regular chores in your childhood?

ab. Did you get a regular allowance in your childhood?

ac. What activities were you interested in while growing up?

ad. How successful were you in those activities?

ae. Did you enjoy those activities?

af. Did you feel pressure to succeed in those activities?

ag. If yes, did that pressure effect your ability to enjoy those activities

ah. Who did that pressure come from

aj. At what age did you start dating?

ak. Were you excited to start dating?



aq. List any episodes of physical, psychological, or sexual abuse during your life by people you know, schoolmates (bullying), authorities, or strangers

Age	The event	How it affected you then	Present Impact on how you think, feel, or act in certain situations since then

ar. Describe your impression of your growing up years

as. If you could hit the rewind button and go back in time with five wishes, what would you wish in your life either happened differently or decisions you would do differently.

- i. Wish 1
- ii. Wish 2
- iii. Wish 3
- iv. Wish 4
- v. Wish 5

at. Any other comments about growing up years.

**14. Faith Background**

We want to help you in your relationship with God, so please provide your honest answers, not what you think we want to hear.

a. When did you first learn of God?

b. What was your view of God when you were growing up?

c. What is your present view of God?

d. What is your present view of Jesus?

e. What is your present view of the Holy Spirit?

f. What is your present view of the Bible?

g. What is your view of church?

h. What will happen when you die?

i. Do you feel comfortable approaching God and talking to Him?



j. How is your relationship with God?

k. Do you believe God loves you and forgives you for all your past mistakes and sins?

l. How often do you pray?

m. How often do you go to church?

n. How often do you confess your sins?

o. Do you have spiritual conversations with your family and friends?

i. Describe those.

p. What percentage of your life is God involved in?

i. Name the areas you involve Him.

ii. Name the areas you are doing on your own without Him.

q. Do you feel empowered by the Holy Spirit or do you feel you are doing most of life on your own?

i. Describe what that feels like.

r. What denomination, if any, are you?

s. Do you have any doubts about your faith?

i. If so, what are they?

t. What questions are you seeking answers for regarding your faith and spirituality?

**15. Marital History**

a. Current Marital Status (select all that apply) –

Single    Married    Separated    Divorced    Widowed    Cohabiting

b. Are you currently married?

i. If yes, how long?

ii. Any children from this marriage?

1. What are their age and sexes?

c. Do you have any prior marriages?

i. If yes, how many?

d. For each marriage, list them in chronological order and include the following information.

What is the beginning/end dates, your age.	How long did you know the person prior to marriage	Why did you marry	Looking back, did you have any warning signs or doubts the marriage might not last.	Any children from this marriage	What was the quality of the marriage	if it ended why?	what is the quality of relationship now

e. Do you have any children from any non-marital relationships

- i. If yes, how many?
- ii. For each give their

Name, sex, age	Live with you, other biological parent, independently, other	What is your relationship like?

f. Does your present spouse have any prior marriages?

- i. If yes,
  - 1. How many?
  - 2. How many children from previous relationships?
  - 3. What is their relationship their exes?
  - 4. What is your relationship with their exes?

g. Rating Scale: 0 = worst 10 = best

- i. Rate the quality of your marriage 0-10
- ii. Rate your ability to communicate with your spouse 0-10
- iii. Rate your ability to handle marital conflict with your spouse 0-10
- iv. Rate your ability to handle external conflict with your spouse 0-10
- v. Rate your agreement in parenting strategies 0-10
- vi. Rate your agreement in financial goals, spending, and strategies 0-10
- vii. Rate the amount of time your spend with your spouse 0-10
- viii. Rate the quality of time you spend with your spouse 0-10
- ix. Does your spouse see you as a helpful and productive life teammate 0-10
- x. Do you see your spouse as a helpful and productive life teammate 0-10
- xi. Rate your sexual compatibility 0-10

- xii. Rate your personality compatibility 0-10
xiii. How much are you and your spouse alike 0-10
xiv. How much are you and your spouse different 0-10
xv. How spiritually connected are you and your spouse 0-10
xvi. Are you committed to your marriage for better or worse 0-10

Five horizontal light blue bars for rating responses.

16. Current Living Situation

- a. Do you currently live in a house or apartment or other?
b. Who currently lives with you and how many?
i. Spouse
ii. Children
iii. Parents
iv. Siblings
v. Friends
vi. Roommates
vii. Other Relatives
viii. Others
c. Are you the primary owner or tenant or are you living with somebody else who is the primary?
d. Do you get along with the people in your dwelling? Yes No
e. If no, describe

A large empty rectangular box for describing living situation.

- f. Rating Scale: 0 = Strongly Disagree 10 = Strongly Agree
g. My current living situation is healthy and supportive for my healing and growth: 0-10
h. My current living situation doesn't need to change: 0-10
i. My current living situation is a big part of my problem 0-10

Three horizontal light blue bars for rating responses.

17. Educational History

- a. How did you do academically growing up?
b. Were academics easy for you?
c. Did your family help or equip you academically?
d. Did you graduate high school?
e. Were you interested and eager to go to college?
f. Did you start college?
g. Did you finish college?
h. What college did you go to?
i. What degree did you earn?
j. How many years did take you turn your degree?
k. Were you interested in going to graduate school?
l. Did you go to graduate school?
m. Did you complete graduate school?
n. What graduate degree did you attain?
o. Are you satisfied with your educational history and activity?

Thirteen horizontal light blue bars for rating responses.



i. Any military service

- i. Branch
- ii. Duration
- iii. Rate your experience 0-10 (0 = Poor, 10 = Great)
- iv. Deployed in dangerous areas
- v. Any harmful experiences?

1. Describe

vi. Any PTSD type experiences?

1. Describe

vii. Rate your ability to assimilate back into your family well 0-10 (0 = Poor, 10 = Great)

viii. Rate your ability to assimilate back into society and civilian work 0-10 (0 = Poor, 10 = Great)

**20. Financial History**

- a. Explain any financial stressors.
- b. How much do you make per year?
- c. How much does your household make per year?
- d. How much credit card debt do you have?
- e. How much mortgage do you owe?
- f. How much investment, real estate, or retirement moneys do you have?
- g. Are finances a daily or regular stressor? 0-10 (0 = None 10 = Extreme stress)
- h. Are you worried or concerned about your financial future? 0-10 (0 = None 10 = Extreme stress)
- i. Do you manage your household finances?  Yes  No
  - i. If no, do you trust that other person's skills and character to manage the finances?

j. Do you feel God is involved and provides for your needs?  Yes  No

i. Please share examples of confidence or doubt

**21. Legal History**

- a. Describe any current or active legal issues.  
i. If yes, describe

- b. Have you ever been arrested? List the date, offense, consequences, impact on you.

- c. Any other legal issues (divorce, custody issues, DUI, lawsuits, settlements, inheritance/wills, etc)  
i. List and briefly describe including whether still impacting you or stressful

**22. Other**

- a. Tell us about anything we might have missed that is important to us knowing and helping you and explains who you are today or how you got to be this person
- b. Do you identify with any specific culture that is important to you?
- c. What is your usual social or peer group?
- d. What is your language preference and what other languages do you speak?
- e. Describe your ability to take care of yourself?
- f. Community or local resources that help you or you use.

**23. Mental status exam -**

- a. Race:  White  Black  Asian  Hispanic  Indian  Native American Other \_\_\_\_\_
- b. Height:  Tall  Short  Normal  Other \_\_\_\_\_
- c. Body Type:  Normal  Muscular  Fit  Slender  Cachectic  Bigger/Thicker  Obese  
Other \_\_\_\_\_
- d. Clothing:  Normal  Casual  Formal  Well-dressed  Colorful  Bland  Sloppy  Dirty  
 Seductive/Revealing  Ornate  Jewelry  Accessories  Other \_\_\_\_\_
- e. Appearance:  Normal  Odd  Handsome  Attractive  Features Drawing Negative Attention  
 Tattoos  Piercings other than Ears  Glasses  Facial Hair Other \_\_\_\_\_
- f. Grooming:  Normal  Appropriate  Neat  Clean  Unkempt  Disheveled  Dirty  Sloppy  
 Malodorous  Atypical  Consistent with Gender  Inconsistent with Gender  Attention Seeking  
 Neglected  Other \_\_\_\_\_
- g. Level of Consciousness:  Alert  Heightened  Drowsy  Lethargic  Stuporous Other \_\_\_\_\_
- h. Activity:  Calm  Restless  Agitated  Pacing  Fidgeting  Gestures  Tics  Slowed  
 Psychomotor Retardation  Appropriate for Situation Other \_\_\_\_\_
- i. Behavior/Attitude:  Normal  Bizarre  Cooperative  Seductive  Hostile  Guarded  
 Vague  Threatening  Demanding  Suspicious  Evasive  Irritable Other \_\_\_\_\_

- j. Eye Contact:  Good  Poor  Avoidant  Intense Other \_\_\_\_\_
- k. Speech:  Normal  Clear  Mumbling  Loud  Soft  Fast  Slow/Hesitant  Increased Latency  
 Spontaneous  Only responding to questions  Talking to Self  Pressured  Mute  Incoherent  
 Other \_\_\_\_\_
- l. Orientation level:  Person  Place  Time  Situation
- m. Concentration:  Exceptional  Good  Fair  Impaired  Dependent on Topic/Emotion  
 Other \_\_\_\_\_
- n. Attention:  Exceptional  Good  Fair  Impaired  Dependent on Topic/Emotion Other \_\_\_\_\_
- o. Mood (recent state of mind):  Euthymic  Dysphoric  Anxious  Manic  Angry  Guilty  
 Frightened  Expansive  Irritable Other \_\_\_\_\_
- p. Affect (how you feel right now):  Appropriate to the situation  Euthymic  Sad/Dysphoric  Anxious  
 Angry  Elevated/Euphoric  Frightened  Full Range  Restricted Range  Blunted  Flat   
 Labile  Detached  Expansive Irritated Other \_\_\_\_\_
- q. Thought Processing:  Linear  Logical  Focused  Tangential  Circumferential  Blocking  
 Perseverative  Flight or Ideas  Looseness of Associations  Distractible  Bizarre  Confused  
 Responding to Internal Stimuli
- r. Thought Content:  Auditory Hallucinations  Visual Hallucinations  Tactile Hallucinations  
 Preoccupations  Obsessions  Suicidal Ideations  Suicidal Plan  Suicidal Intent  Homicidal  
 Ideation  Homicidal Plan  Homicidal Intent Other \_\_\_\_\_
- s. Delusions:  Persecution  Paranoid  Grandeur  Reference  Somatic  Bizarre  Religious  
 Conspiracy Other \_\_\_\_\_
- t. Memory:  Exceptional  Good  Fair  Poor  Amnesiac  Confabulation  Short Term Intact   
 3 objects in 5 minutes  Long Term Intact
- u. Intelligence:  Exceptional  Above Average  Average  Below Average  Impaired  
 Abstract  Concrete  Unable to assess Other \_\_\_\_\_
- v. Judgment:  Good  Fair  Impaired  Other \_\_\_\_\_
- w. Insight:  Good  Fair  Limited  None Other \_\_\_\_\_

## 24. Diagnostic Assessment

- a. Official Diagnoses
- b. Non DSM-V diagnoses impacting patient
- c. Problems identified by clinician


## 25. Plan – further workup, assessment, and treatment of the above diagnoses and issues needing addressed

- a. Admit to Program
- b. Estimated Length of Stay
- c. Set Level of Care
- d. Personality Inventory to assess psychological strengths, weaknesses and tendencies  
 LivStyle
- e. Labs  
 Urine Drug Screen  
 Urine Pregnancy (Females Only)
- f. Psychiatric Medications  
 i. List



g. Other therapies

- Individual Therapy – learn and apply skills to heal deep wounds and correct their distorted self-narrative to bring healing, hope, and transformation to their thinking and functioning
- Group Therapy to equip with various decision making and psychological skills
- Address and improve Physical realm of nutrition, sleep, exercise, activity, and physical self-care
- Engage in various spiritual activities to enhance their relationship with God, view of self, and how to better understand and manage life and relationships
- CBT, DBT, MI, EFT, Psychodynamic Psychotherapy, Mindfulness, and Problem Focused therapies will all be part of the individual and group therapies delivered to patient.
- Recreation and Relaxation Therapy
- Stress management skills
- Relationship and Conflict Resolution Skills
- Various intensive and focused workshops and groups for specific skills as needs arise.
- Milieu therapy – community meeting, groups, recreation, free time to feel part of a whole, to belong.
- Couples or Family Therapy

**26. Interpretive Summary/Psychodynamic Formulation.**

**27. Other**