Biopsychosocial Assessment

Patient information	
Name: Jessica M. Thompson	
Date of birth: February 14, 1990	**Age:** 35
Gender: Female	**Ethnicity:** Caucasian
Physician name: Dr. Laura Bennett	**Date of assessment:** August 3, 2025
Physician contact number: (555) 987-4321	
Patient contact information: jess.thompson@email.com | (555) 123-4567	

Goals for therapy
Jessica wishes to manage symptoms of anxiety and panic attacks, improve emotional regulation, and develop healthier coping strategies in relationships and work environments.

Risk screening	
Are you pregnant or trying to be? ○ Yes ◉ No ○ Not applicable	**Have you ever contemplated suicide?** ◉ Yes ○ No ○ Not applicable
Do you currently engage in unsafe sex or use needles? ○ Yes ◉ No ○ Not applicable	**Are you a survivor of trauma?** ◉ Yes ○ No ○ Not applicable

Presenting problems	
Please describe the problem(s) that have led you to seek treatment.	**How long have you been experiencing this problem?**
Jessica reports experiencing persistent anxiety, frequent panic attacks, and feelings of emotional overwhelm, particularly in social and work situations.	Approximately 3 years, with worsening symptoms in the past 6 months.

Please list the symptoms you currently experience or have experienced in the past as a result of this problem.	What impact does this problem have on your day-to-day life?
Panic attacks (racing heart, shortness of breath) Excessive worry Insomnia Difficulty concentrating Avoidance of social gatherings Low self-esteem	Jessica struggles with maintaining focus at work, avoids social situations, has strained relationships, and reports frequent fatigue due to poor sleep.

Medical history

Please list any current or past medications.

Medication name	Dose	Frequency	Indications	Notes
Sertraline	50mg	Daily	Generalized anxiety	Started 2 months ago
Loratadine	10mg	As needed	Seasonal allergies	OTC use

Please list any past or current medical conditions:

Asthma (childhood), seasonal allergic rhinitis

Please list any medical or food allergies:

Penicillin (rash), shellfish (nausea)

Have you ever been hospitalized? If so, what for?

Yes, appendectomy at age 12.

Psychiatric history

Have you ever seen a mental health professional before? If so, what for?

Yes, saw a counselor in college for stress management and adjustment issues.

Has anyone in your family have been treated for a psychiatric health disorder? If yes, please specify:

Yes, mother diagnosed with major depressive disorder; maternal uncle had bipolar disorder.

Have you ever received treatment for mental health issues, substance use, or emotional issues? If yes, please describe:

Yes, individual therapy for anxiety in 2018. No inpatient or intensive treatment.

Substance use/addiction history

Please include any alcohol, caffeine, tobacco, illegal drugs, or pills, and any other substances you currently use or have used in the past below:

Substance	Age first used	Frequency	Date of last use	Notes
Alcohol	17	Social, weekends	Last week	No reported issues
Caffeine	16	Daily (2 cups)	Ongoing	Coffee and tea
Tobacco	N/A	N/A	N/A	Never used

Do you have any problems with other addictions? (e.g. gambling, pornography, food, shopping etc.)

No

Have you ever sought treatment for substance use or addiction? (e.g. self help, 12-Step programs etc.)
No
Is there any history of addiction/substance abuse in your family?
Yes, father had alcohol dependence; sober for 8 years.

Social	
Please list your family members (e.g. parents, children, spouse, siblings).	**Please describe the relationships you have with your family members.**
Mother: Anne, 63 Father: Mark, 65 Sister: Rachel, 32 Son: Lucas, 7	Generally positive; close to her sister and mother. Relationship with father has improved since his sobriety.
Please describe the relationships you have with your friends and extended family members.	**Do you have any close friends?**
Has a small circle of close friends but feels disconnected lately due to anxiety.	Yes
Have you ever had any problems with friendships?	**What is your current relationship status?**
Yes, mainly due to anxiety and withdrawal.	◯ Single ◯ Married ◉ Divorced/separated ◯ Others:
Please describe your current living situation.	**What do you like to do for fun?**
Lives in a rented two-bedroom apartment with her 7-year-old son.	Reading, gardening, baking, and going on walks with her son.

Developmental

Were there any problems when your mother was pregnant with you?

None reported

Did you have any health issues or behavioral problems in childhood?

Mild asthma; no major behavioral issues.

What was your home and family environment like as a child?

Stable household; occasional conflict due to father's past drinking habits.

Education and employment

What is the highest educational level you have achieved?

Bachelor's degree in Communications

What is your current employment status?

- (●) Employed
- ( ) Unemployed
- ( ) Part-time
- ( ) Others:

Please describe your work history (e.g. what kind of work, how long for).

Working as a marketing assistant for 5 years; previously worked in retail during college.

Have you ever had conflicts at work?

Yes, difficulty managing stress and deadlines.

Legal

Have you ever been arrested?

- ( ) Yes
- (●) No

If No, please skip the rest of this section.

How many times?

What were you arrested for?
Have you ever served a prison sentence? If yes, please describe below (e.g. when and how long for)
Additional notes
Jessica has demonstrated insight into her challenges and is motivated to improve her emotional well-being for both herself and her child. She is open to therapy and possible adjustments to her current medication regimen.

Healthcare professional information	
Name: Dr. Laura Bennett, PhD	**License ID number:** PSY-765827
Signature: L. Bennett	**Date of assessment:** August 3, 2025