

Example from Blue Hills Hospital Psychosocial Assessment

Behavioral Health Treatment/Relapse History:

Prior Treatment: ☐ Yes ☐ No (If yes complete for most recent episodes)

Program Name	IP Op	SA MH	Date/Duration of Treatment?	Disposition/Response to Treatment?

Total Number of treatment episodes (lifetime)._____

Significant sober periods from S.A.? ☐ Yes ☐ No If yes, when (longest/most recent?)_____

Significant periods of remission of MH symptoms? ☐ Yes ☐ No If yes, when (longest/most recent?)_

How maintained (strengths/skills utilized)? _____

Triggers/cues/issues that have led to relapse in past:

*For more information, please contact Nannette Latremouille, Division Director, Cedarcrest Hospital at 860-293-6401 or nannette.latremouille@po.state.ct.us.