Print Form

NAVMC 11692 (03-10) (EF)
FOUO - Privacy sensitive when filled in.

PRIVACY ACT STATEMENT
THE PRIVACY ACT STATEMENT FOR THE INFORMATION ON THIS FORM IS CONTAINED ON PAGE 4

BIOPSYCHOSOCIAL ASSESSMENT

FAMILY AND CULTURAL

1. Describe your parents and siblings and your present/past relationship with each.

2. Does anyone in your home abuse alcohol or drugs? ☐ Yes ☐ No

3. If married: How is your present marriage? Describe your relationship with your spouse.

4. How many times have you been married if you were married before?

5. Does your spouse have alcohol, drug, or other problems? ☐ Yes ☐ No

6. What family problems concern you? Explain concerns you have about a specific family member.

7. Were any family members treated for mental illness or alcohol or drug abuse? If Yes, explain: ☐ Yes ☐ No

EDUCATION AND WORK

1. Are you taking or have you taken college courses? ☐ Yes ☐ No

2. What was your occupation prior to the Marine Corps?

3. Were you ever fired? If yes, explain. ☐ Yes ☐ No

4. What trouble, if any, did/do you have with your job?

5. Has your job performance been affected by alcohol or drug use? If yes, explain: ☐ Yes ☐ No

MILITARY

1. Why did you join the military?

2. If service is broken, what did you do between enlistments and why did you re-enter?

3. Are you pending separation or retirement? ☐ Yes ☐ No
If so, what are your plans for the future?

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MILITARY (Cont.)

4. Do you have any combat experience? ☐ Yes ☐ No

5. Are you concerned you may not be allowed to resume your full MOS duties because of problems related to alcohol or drugs? ☐ Yes ☐ No
If yes, explain:

SOCIALIZATION, SELF-CONCEPT AND COMMUNICATION

1. How many close friends do you have?

2. Are you satisfied with your current friends? ☐ Yes ☐ No

3. Do alcohol or drugs make it easier for you to socialize? ☐ Yes ☐ No

4. What are your strengths?

5. Would you describe yourself as a loner? ☐ Yes ☐ No

6. Do you still experience grief, hurt or sadness over the loss of a significant person? ☐ Yes ☐ No

7. Do you have trouble asserting yourself? ☐ Yes ☐ No

8. Do you have outbursts or lose control of your temper? ☐ Yes ☐ No

FINANCIAL

1. What was your income last year?

2. Sources of income last year:
☐ Job ☐ Savings ☐ Family ☐ Friends ☐ Public Assistance/Welfare
☐ Other _____

3. Have you been in trouble for spending too much or inappropriately? If yes, explain: ☐ Yes ☐ No

SPIRITUALITY AND RELIGIOUS

1. Do you have a religious preference? If yes explain: ☐ Yes ☐ No

2. Would you like to see a chaplain to explore spiritual issues? ☐ Yes ☐ No

LEGAL

1. Do you have military or civilian legal problems or concerns? If yes, explain: ☐ Yes ☐ No

2. Do you have pending military or civilian court dates? If yes, explain: ☐ Yes ☐ No

3. Were you ever arrested? If yes, explain: ☐ Yes ☐ No

4. Indicate the number of times you were arrested for the following alcohol or drug related offenses:

DATE	Infraction (Number)	Blood Alcohol Level (if known)
	DUI/DWI:	BAL:
	Public Intoxication:	BAL:
	Assault:	BAL:
	Other:	BAL:

EMOTIONAL AND BEHAVIORAL		
1. Are you seeing or have you seen a psychiatrist, psychologist, social worker, or other mental health professional?	☐ YES	☐ NO
2. Do you have difficulty performing sexually unless you are "high" on alcohol or drugs?	☐ YES	☐ NO
3. Do you hear voices or see things that others do not?	☐ YES	☐ NO
4. Have you ever intentionally set a fire?	☐ YES	☐ NO
5. Were you ever cruel to animals?	☐ YES	☐ NO
6. Have you been in many fights?	☐ YES	☐ NO
7. Did you ever run away from home?	☐ YES	☐ NO
8. Do you have crying spells?	☐ YES	☐ NO
9. Do you have a problem handling stress?	☐ YES	☐ NO
10. Do you have sleep difficulties?	☐ YES	☐ NO
11. Do you have feelings of helplessness or hopelessness?	☐ YES	☐ NO
12. Have you contemplated, threatened, or attempted suicide or self-injury or injury to others? If yes, explain:	☐ YES	☐ NO
13. Have you received any psychiatric diagnosis? If yes, explain:	☐ YES	☐ NO

Marine's Signature: _____ DATE _____

Counselor's Signature: _____ DATE _____

Marine's Name: _____

FOR OFFICIAL USE ONLY

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PRIVACY ACT STATEMENT

In accordance with the Privacy Act of 1974 (Public Law 93-579), this notice informs you of the purpose for collection of information on this form. Please read it before completing the form.

AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; and E.O. 9397 (SSN).

PRINCIPAL PURPOSE: Information collected by this form will be used to provide a basis for assessing your use of alcohol and drugs and to provide therapeutic assistance as required. The information will become part of your alcohol and drug treatment record. The information collected on this form will be filed within a Privacy Act Systems of Records collection governed by Privacy Act System of Records Notice MMN00019 which can be downloaded at **http://privacy.defense.gov/notices/usmc/MMN00019.shtml**.

RETENTION AND SAFEGUARDS: The collected information will be maintained in paper case files in locking file cabinets with restricted, limited access by authorized personnel who are properly screened, cleared, and trained. Records in this file system will only be retrieved by name and social security number. Level I, II, and II alcoholism treatment case files and Level I and II drug abuse treatment case files are cut off and destroyed 5 years after the end of the calendar year the case is closed.

ROUTINE USES: To various officials outside the Department of Defense specifically identified as a Routine Use in Privacy Act System of Records Notice MMN00019 for the stated specific purpose in addition to those set out in the blanket routine uses established by the Department of Defense Privacy Office and posted at ***http://www.defenselink.mil/privacy/notices/blanket-uses.html.***

DISCLOSURE: Providing information on this form is voluntary. If the individual does not complete necessary data fields, treatment may be negatively impacted.