

**Example from Blue Hills Hospital Psychosocial Assessment**

**Behavioral Health Treatment/Relapse History:**

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

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

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](mailto:nannette.latremouille@po.state.ct.us).