

Clinical Interview  
Helpfully prepared by Jennifer Hutcherson

Name \_\_\_\_\_ Gender/Preferred pronouns \_\_\_\_\_  
DOB \_\_\_\_\_ Race \_\_\_\_\_  
Examiner \_\_\_\_\_  
Date \_\_\_\_\_

**Intro**

My name is...

I'm under the supervision of Dr. Rick Grieve. You can find his contact information on the disclosure statement I provided you. If you need help getting in contact with him, please let me know.

We are here today to fulfill the requirements of my PSY 660 class. I am so thankful you have volunteered to help me out. I appreciate your time.

Limits of confidentiality:

Risk of harm to self or others.

A legal court order.

Child/elder abuse

If you give me a Release to speak to others about you, such as a doctor or therapist.

The information I turn into Dr. Grieve will not have your name on it or any other personally identifying information. So if he saw you on campus, he would never know it's you.

**Tell me about yourself!**

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## Family Background

Where were you born? \_\_\_\_\_ Hometown: \_\_\_\_\_

Marital status: single      married      divorced      separated      widowed

Do you have any children? What are their ages? Are they still at home? \_\_\_\_\_

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How is your relationship with your spouse/significant other and/or kids? \_\_\_\_\_

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Tell me about your parents and siblings. (Are parents still married/deceased/etc.? If divorced, what age were you when they divorced/died? Who did you live with?) What did your parents do for a living? \_\_\_\_\_

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What kind of relationships do you have with these people? \_\_\_\_\_

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Tell me about your childhood. \_\_\_\_\_

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Were there any problems in the household growing up? \_\_\_\_\_

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**Social**

Social Activities \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Peer Relations \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Significant others \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Recreation \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Church/Religion \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Notes on social \_\_\_\_\_

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\_\_\_\_\_

**Education**

College \_\_\_\_\_ Grade/Year \_\_\_\_\_

Grades in college \_\_\_\_\_

High School \_\_\_\_\_ Year Graduated \_\_\_\_\_

Any SpEd services? 504 Plan? \_\_\_\_\_

Did you ever repeated a grade? \_\_\_\_\_

Any behavioral issues in school? Suspended/expelled? \_\_\_\_\_

Extracurricular activities in HS/College? \_\_\_\_\_

Favorite/Least Classes \_\_\_\_\_

Attendance \_\_\_\_\_

Any problems with teachers/peers? \_\_\_\_\_

Notes on education \_\_\_\_\_

## Employment

## Work history

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Fired from a job \_\_\_\_\_

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Any problems with supervisors/peers/employers? \_\_\_\_\_

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Notes on employment \_\_\_\_\_

[illegible]

## Financial

Income and debts (ratio) \_\_\_\_\_

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Bankruptcy \_\_\_\_\_

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Notes on finances \_\_\_\_\_

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## **Physical Health**

Current health \_\_\_\_\_

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Surgeries \_\_\_\_\_

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Allergies \_\_\_\_\_

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Medications \_\_\_\_\_

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Serious illness? (ask specifics) \_\_\_\_\_

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Hospitalizations \_\_\_\_\_

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Exercise \_\_\_\_\_

Notes on physical health \_\_\_\_\_

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## Emotional/Psychological

Typical Mood \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### Symptoms of depression

Depressed mood \_\_\_\_\_

Loss of interest or pleasure \_\_\_\_\_

Weight loss/gain \_\_\_\_\_

Insomnia/hypersomnia \_\_\_\_\_

Psychomotor \_\_\_\_\_

Fatigue/loss of energy \_\_\_\_\_

Worthlessness/guilt \_\_\_\_\_

Concentration \_\_\_\_\_

Have you ever thought about killing yourself? \_\_\_\_\_

\_\_\_\_\_

Have you ever harmed yourself in any other way? \_\_\_\_\_

\_\_\_\_\_

### Symptoms of anxiety

Worry \_\_\_\_\_

Racing thoughts \_\_\_\_\_

Irritation \_\_\_\_\_

Sleep onset disturb. \_\_\_\_\_

Concentration \_\_\_\_\_

Restlessness \_\_\_\_\_

Muscle tension \_\_\_\_\_

Headaches \_\_\_\_\_

Hallucinations (audio, visual, pain, olfactory, tactile) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_



Dissociations \_\_\_\_\_

If I were to ask someone who knew you pretty well but was not a friend to describe you, what would that person say \_\_\_\_\_

Sense of self \_\_\_\_\_

Anger problems \_\_\_\_\_

Deal w/stress? \_\_\_\_\_

Physical/Mental/Sexual abuse \_\_\_\_\_

Therapy (with whom, how long, effectiveness) \_\_\_\_\_

Hospitalizations \_\_\_\_\_

Notes on Emotional/Psychological \_\_\_\_\_

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### **Sexual History**

Identify as heterosexual or homosexual? \_\_\_\_\_

First experience \_\_\_\_\_

Number of partners \_\_\_\_\_

Active now? How often/with whom? \_\_\_\_\_

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Safe sex? \_\_\_\_\_

Any homo-/hetero-sexual experiences? \_\_\_\_\_

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Notes on sexual history \_\_\_\_\_

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### **Alcohol & Drugs**

Alcohol use (frequency/amount) \_\_\_\_\_

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Illicit Drug use (frequency/amount) \_\_\_\_\_

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Date of 1st use \_\_\_\_\_

Date of last use \_\_\_\_\_

Tobacco use \_\_\_\_\_

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Prescribed medications \_\_\_\_\_

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Caffeine use \_\_\_\_\_

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Rehab? \_\_\_\_\_

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Notes on A&D \_\_\_\_\_  
\_\_\_\_\_

### **Legal History**

Past/Present involvement in the legal system \_\_\_\_\_  
\_\_\_\_\_

Charges/arrests \_\_\_\_\_  
\_\_\_\_\_

Traffic citations last 3 years \_\_\_\_\_  
\_\_\_\_\_

Accidents last 3 years \_\_\_\_\_  
\_\_\_\_\_

Notes on legal history \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### **Suicide Assessment** (only if indicated from above)

Thoughts \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Plans/actions \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What led to this \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When was it \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Notes on suicide \_\_\_\_\_  
\_\_\_\_\_