

CLINICAL INTERVIEW

Name: _____

Examiner: _____

Date: _____

Tell me a little about yourself:

Family Background:

Born: _____

Raised: _____

Childhood: _____

Parents: _____

Still together? Y N If divorced, age of client: _____ Who did client live with: _____

Parental employment: _____

Problems in the house growing up: _____

Siblings: _____

Marital Status: single married separated divorced

Children (ages): _____

Children at home: _____

Relationships with children: _____

Family History of Mental Disorders: _____

Family History of A&D: _____

Notes on Family:

Social Relationships:

Social Activities: _____

Peer Relations: _____

Recreation: _____

Church Attendance: _____

Importance of religion to the client: _____

Notes on Social:

Education:

High School: _____ Graduated: _____

Special Education Classes: _____

Retained: _____

Suspensions/Expulsions: _____

Extracurricular activity: _____

College: _____ Grade in College: _____

Major in College: _____

Favorite/Least Classes: _____

Attendance: _____

Future Goals: _____

Notes on Education:

Physical Health:

Current Health: _____

Serious Illnesses/Accidents: _____

Allergies: _____

Medications: _____

Hospitalizations: _____

Notes on Physical Health:

Employment

Work History: _____

Fired from a job: _____

Any problems with Peers/Supervisors? _____

How do you like job?: _____

Notes on Employment:

Emotional/Psychological:

Typical Mood: _____

Three words to describe personality: _____

If I were to ask someone who knew you pretty well but was not a friend to describe you, what

would that person say? _____

Have you ever seen things or heard things that weren't really there? Y N

If so, describe the experience: _____

Anger Probs: _____

Deal w/stress?: _____

Therapy: (with whom, how long, effectiveness): _____

Hospitalizations: _____

Note whether there is delusional material present in the client's mental trend (do not ask about this; just notice): _____

Notes on Emotional/Psychological:

Alcohol & Drugs:

Use of Alcohol (get frequency and amount): _____

Use of Recreational Drugs (frequency & amount): _____

Tobacco Use (number/amount per day): _____

Caffeine Use (frequency & amount): _____

A&D Rehab? (get year & length of stay) _____

Notes on A & D:

Legal History:

Past/Present Involvement in the Legal System: _____

Charges/Arrests: _____

Traffic Citations last 3 yrs: _____

Accidents last 3 yrs: _____

Notes on Legal History: