



Structured Clinical Interview – Intake

Demographic Information

Client's Name: _____ Date of Intake: _____

Date of Birth: _____ Age: _____ Gender: _____ Marital Status: _____ Ethnicity: _____

Current Home Address: _____

Spouse 1: _____ Married: _____ Divorced/Separated: _____ Widowed: _____

Spouse 2: _____ Married: _____ Divorced/Separated: _____ Widowed: _____

Spouse 3: _____ Married: _____ Divorced/Separated: _____ Widowed: _____

Occupation (Where/for how long/Job title): _____

Student? Y / N If student (name of school/current grade/major/date of anticipated graduation) _____

Family & Social History

Mother's History (deceased? Y/N; if so, when _____)

Mother's name: _____ Age: _____

Occupation or Former Occupation: _____

Any Substance Abuse? _____

of Marriages: _____ # of Divorces: _____ Currently Married or Living w/Someone? _____

Spouse 1: _____ Married: _____ Divorced/Separated: _____ Widowed: _____

Spouse 2: _____ Married: _____ Divorced/Separated: _____ Widowed: _____

Spouse 3: _____ Married: _____ Divorced/Separated: _____ Widowed: _____

What is/was the relationship like with your mother? _____

Father's History (deceased? Y/N; if so, when _____)

Father's name: _____ Age: _____

Occupation or Former Occupation: _____

Any Substance Abuse: _____

of Marriages: _____ # of Divorces: _____ Currently Married or Living w/Someone? _____

Spouse 1: _____ Married: _____ Divorced/Separated: _____ Widowed: _____

Spouse 2: _____ Married: _____ Divorced/Separated: _____ Widowed: _____

Spouse 3: _____ Married: _____ Divorced/Separated: _____ Widowed: _____

What is/was the relationship like with your father? _____

Stepmother

Stepmother's name: _____ How long has she been involved in your life? _____

Occupation: _____ Substance Abuse? _____

What is/was the relationship like with your stepmother? _____

Stepfather

Stepfather's name: _____ How long has he been involved in your life? _____
Occupation: _____ Substance Abuse? _____
What is/was the relationship like with your stepfather? _____

Family Structure & Function History

Where were you born? _____
Were you adopted? _____ If so, when and how old were you? _____
How many times did you move as a child? _____ Where? _____

What was moving like for you? _____

Who were you closest to in your family growing up? _____

Current Home (please circle):

House Townhouse Apartment Multifamily Other: _____

of Beds: _____ # of Baths: _____ Basement? _____ Yard? _____ How many people are in the home? _____

Where is the house located? What is around the area? _____

What are your favorite things to do at home? Hobbies, activities? _____

Children

How many children do you have? _____ Step-children? _____
Name Father Mother Age Married? Children? Psych/Crime? _____

What were your relationships like with your kids when they were young? _____

What are the relationships like now? _____

Sibling History

How many siblings do you have? _____ Half Sibs? _____ Step Sibs? _____
Name Father Mother Age Married? Psych/Crime?

What were your relationships like with your siblings when you were young? _____

What are the relationships like now? _____

Relationship History

Describe your current friendships/supports: _____

How would you describe your relationships w/peers? _____

How many close friends do you have? _____

Longest Friendships? _____ Do you make friends easily? _____
Why/Why not? _____

Abuse History & Criminal History

Sexually Abused? _____ If so, have you ever told anyone? _____ When and where did this happen? _____

Physically Abused? _____ If so, have you ever told anyone? _____ When and where did this happen? _____

Any history of domestic violence? _____

Educational History

Elementary School

Did you attend the same elementary school for all years? _____ If not, how many schools did you attend? _____

What were your grades? _____ Ever fail a subject? _____

Ever repeat a grade? _____ If so, which grade: _____

Any special education? _____ If so, what services did you receive in elementary: _____

Any behavioral problems? _____ If so, what problems did you experience in elementary: _____

Ever suspended/expelled? _____ If so, explain: _____

Junior High School/Middle School

Did you attend the same middle school for all years? _____ If not, how many schools did you attend? _____

What were your grades? _____ Ever fail a subject? _____

Ever repeat a grade? _____ If so, which grade: _____

Any special education? _____ If so, what services did you receive in middle school: _____

Any behavioral problems? _____ If so, what problems did you experience in middle school: _____

Ever suspended/expelled? _____ If so, explain: _____

Senior High School/High School

What was the name of your graduating high school (if applicable): _____

Where was this high school located: _____ Year of graduation: _____

Did you attend the same high school for all years? _____ If not, how many schools did you attend? _____

What were your grades? _____ Ever fail a subject? _____

Ever repeat a grade? _____ If so, which grade: _____

Any special education? _____ If so, what services did you receive in high school: _____

Any behavioral problems? _____ If so, what problems did you experience in high school: _____

Ever suspended/expelled? _____ If so, explain: _____

College/University/Post-Secondary Schooling

Name of School/Program _____
Where are you in the program (Freshman/Sophomore, etc.). _____
What is your current major? _____
Any Special Education or Accommodations in Place? _____

What problems have you noticed within the school/college setting? _____

Medical & Developmental History (all questions pertain to the CLIENT's history)

Current Medical Problems? _____

Operations? _____
Hospitalizations? _____
Diseases/Illnesses: _____ Sexually Transmitted Diseases: _____
Head injury/Broken bones/Concussions? _____

Do you wear glasses/contacts? _____ Do you have hearing impairments? _____
Any history of seizures? _____

For **YOUR** birth, please provide the following information:

Mother's duration of pregnancy (i.e., 36 weeks, 41 weeks): _____ C-Section or Vaginal: _____

Was an induction needed (i.e., use of Pitocin)? _____ Were forceps or vacuums needed? _____

How was your mother's pregnancy with you? Any notable issues or complications? _____

How was her delivery with you? Any notable issues or complications? _____

Please provide approximate ages for following developmental milestones:

Talking at what age? _____ Walking at what age? _____ Crawling? _____

Any loss of language noticed? _____

Toilet Training: _____

Early Intervention involved? _____ At what age? _____ Were services recommended: _____

ST: _____ PT: _____

OT: _____ Special Instruction: _____

Additional Services? _____

Outpatient Behavioral Health/Psych History

Ever had mental health counseling or outpatient services prior to now? _____

When (month/year)	Where/with whom	For how long?	Reason	Were services helpful?

Previous Diagnoses

Diagnosis	When was this made	by whom?	Recommendation?

Family Mental Health

Family member	Mental Health Concern	Diagnosed?	Recommendation/treatment?

Child Protective Services History

Previous CPS History

How many times have you or your family been investigated by CPS? _____

Please describe history of the allegation(s): _____

Is there any current CPS Case? _____

Regarding the following areas, please list any concerns you have:

Adaptive Abilities (examples: difficulty with independent living skills, trouble with motor skills, trouble with caring for oneself, difficulties with normal activities for your age)

Emotional Concerns (examples: difficulty regulating mood and emotions, concerns with understanding others' emotions, noticeable episodes of depression, emotional triggers, etc.)

Cognitive Functioning (examples: difficulty with memory, spatial awareness, trouble with word finding, confusion, dementia, etc.)

Academic Functioning (examples: dyslexia, dysgraphia, trouble with reading, processing speed issues, school anxiety, etc.)

Social Functioning (examples: difficulty with making friends, social anxiety, agoraphobia, etc.)
