

Diagnostic Interview

Client Information

Name:

DoB:

Gender:

Address:

Cell Phone:

Home Phone:

Email:

Consultation Date:

Referral Information

Referred By:

Referral Date:

Reason of Referral:

Any previous treatment or evaluations for the same issue? If yes, please specify:

Presenting Problem

What brings the client to therapy?

When did the client first notice the problem?

How long has the client been experiencing the problem?

History of Presenting Problem

What has the client done to address the problem?

Has anything helped or made the problem worse?

How has the problem affected the client's daily life?

Mental Health History

Has the client ever been diagnosed with a mental health disorder? If yes, please specify

Has the client received treatment for a mental health disorder? If yes, please specify

Are there any mental health disorders that run in the client's family? If yes, please specify

Medical History

Does the client have any medical conditions? If yes, please specify

Is the client taking any medication? If yes, please specify

Has the client had any surgeries or hospitalizations? If yes, please specify

Substance Use History

Has the client ever used drugs or alcohol? If yes, please specify

Has the client ever had any problems related to substance use? If yes, please specify

Social History

What is the client's living situation?

Does the client have any close relationships? If yes, please specify

Social History (Continued)

How does the client spend their free time?

Is the client involved in any community activities? If yes, please specify

Assessment

On a scale of 1-10, how would the client rate their current level of distress?

Is the client experiencing any suicidal or homicidal thoughts?

Have any recent life stressors might have triggered the client's presenting problem? If yes, please specify

Goals for Therapy

What does the client hope to achieve through therapy?

Are there any specific goals or objectives the client has in mind? If yes, please specify

Closing

Are there any questions or concerns the client has? If yes, please specify

How does the client feel about moving forward with therapy?

When would the client like to schedule their next session?