

Client Interview

Presenting

Crisis: _____

Drug

History: _____

Family:

Is there a family history of drug use? Yes () No ()

Have you ever stayed out all night while on drugs? Yes () No ()

Do you have any brothers or sisters? How many Yes () No ()

Have you ever got into an argument or fight with family member while on drugs? Yes () No ()

Is there any sexual or physical abuse if so when and who did it. _____

Education:

Is there and history of Mental retardation in family. Yes () No()

Did you finish high school? Yes () No ()

Have you ever used drugs in school? Yes () No ()

Have you ever been suspended or expelled from school do to drug use. Yes () No ()

Employment:

Are you currently working? Yes () No ()

Have you ever used drugs on the job? Yes () No ()

Have you ever called in to work done to drug use? Yes () No ()

Have you ever been fired from a job do to drug use? Yes () No ()

Legal:

Have you ever been arrested? Yes () No ()

What are your charges. _____

Next court date: _____

Do you have your P.O. or lawyer's phone number. _____

Do you have a lawyer, Name, and Phone#? Yes () No ()

Social History:

Do your friends use drugs? Yes () No ()

Are your peers the same age, younger, or older than you. _____

Is there any activities once involved that you have ceased do to drug use. _____

If you did not hang around your peers would still use drugs. Yes () No ()

Have you ever put yourself in a dangerous or violent situation while on drugs? Yes () No ()

Have you ever witnessed a shooting or stabbing in your life time? Yes () No ()

Medical History:

Have you ever been in the emergency room do to drug use if so when. _____

Is there a history of heart disease in your family, if so
who. _____

Is there a history of heart attack in your family, if so
who. _____

Is there a history of stroke in your family, if so
who. _____

Is there a history of high blood pressure in family, if so
who. _____

Financial History:

Who control your money. _____

Have you ever robbed any one for drugs? Yes () No ()

Have you ever Stole anything for drugs. Yes () No ()

Have you ever Pawn anything for drugs. Yes () No ()

Have you ever sold drugs? Yes () No ()

Have you ever sold yourself for drugs? Yes () No ()

Psychiatric History:

Have you ever black out or passed out while on drugs. Yes () No ()

Have you ever had problems with Memory loss if so when _____

Have you ever had problems with concentration if so when _____

What happen when you get upset or angry. _____

Do you think that you are a people person or you like to be isolated and to your
self. _____

Do you ever get to the point where you feel hopeless or helpless with your life? Yes () No ()

Have you ever thought about suicidal if so when. _____

Have you ever felt homicidal if so when. _____

Have you ever hallucinated in your
life. _____

Are you on any medication if so what are you taking. _____

Prior Treatments:

Have you ever been in a rehab if so where and what age. _____

Have you ever been to see a psychiatrist if so when. _____

Have you ever been to see a counselor if so where. _____

Have you ever been to AA-Meetings? Yes () No ()

Do you have any Health Insurance? Yes () No ()

Interviewer Name

Date

Patient's Name

Date