JNG HEALTH NETWORK
Your Choice for Quality Therapeutic Services

Clinical Interview: Psychological Evaluation – All Ages

Personal Information:

Name			**Date**	
Address			**Phone #**	
Emergency Contact Name & Relationship			**Alternate #**	
			Emergency Contact Ph #:	
Date of Birth	**Age**	**Gender** ☐ Male ☐ Transgender ☐ Female ☐ Other	**Race/Ethnicity**	**Place of Birth**
Services Rendered	☐ In-office / In-Person ☐ Telehealth / Telepsychology			
Arrived to the Office by	☐ Public Transportation ☐ Taxi ☐ Drove Own Car ☐ Driven by ☐ On Time ☐ Early ☐ Significantly Late			
Accompanied by				
Information provided by	☐ Client Only ☐ Client & _____ *(Name)*			

Referral Information

Referred by:	
Reason for Referral & Presenting Problem:	

Background Information:

History of Migration	
History of Relocations ***-Childhood*** ***-Adolescence*** ***-Adulthood***	

Current Living Arrangements	
Parents / Guardian ***-Relationship with*** ***-Hx. of separation***	
Raised by:	
Major Family Conflicts ***-During upbringing***	
Siblings ***-Relationship with*** ***-Birth order***	
Description of Childhood & Adolescence	
Significant Romantic Relationships ***-Current/Past*** ***-Marriages*** ***-Divorces*** ***-Domestic Violence***	
Children ***-Name & Age*** ***-Relationship with*** ***-Ever separated from children*** ***-Relation w/ other parent if separated***	
Exposure to Abuse ***-Mental/Emotional*** ***-Physical*** ***-Sexual*** ***-Domestic Violence***	
History of DCF Involvement:	

Mental, Medical, Substance Abuse & Social History:

Mental Illness & Treatment: ***Psychiatric Hospitalizations / Mental Health Treatment / Mental Health Diagnosis***	
Psychiatric Medications ***-Prescribed by*** ***-Past & Current***	
Family Hx. of Mental Illness ***-Children*** ***-Parents*** ***-Siblings***	
Medical Illness & Treatment: ***Medical conditions / Hospitalization / Surgeries***	
Medications for Medical Illness ***- Prescribed by*** ***-Past & Current***	
Family Hx. of Major Medical Illness ***-Children*** ***-Parents***	
Developmental Hx ***(children & adolescence only)*** ***-Birth process*** ***-Weight at birth*** ***-Pregnancy term***	
-Physical Development i.e. Walking	
-Toilet Training:	
-Speech Development:	

Have you or are you experiencing any of the following frequently over the past 60 days?

☐ Enuresis (bed wetting) or Encopresis (if yes, give details)

☐ Headaches ☐ Blurred vision ☐ Sore Throat ☐ Dizziness ☐ Swelling ☐ Chest pain ☐ Cough

☐ Breathing Difficulties ☐ Stomach pain ☐ Nausea ☐ Vomiting ☐ Diarrhea ☐ Not applicable

Head injuries:	
Loss of Consciousness:	
Substance Abuse Hx. ***Explain:*** -Frequency of Use -Treatment	☐None at all ☐Marijuana ☐Alcohol ☐ Coffee ☐ Crack/Cocaine ☐Nicotine *(Cigarettes, cigars, vaping, chewing tobacco)* ☐ Opioids (pain meds) ☐ Others *(Xanax, anxiolytics, hallucinogens, inhalants, etc…)*
Education - Highest academic achievement -Schools attended - ESE placement & why - Repeat grades/classes? - Hx. of expulsion - Hx. of suspension	
Employment Hx. - Volunteer /community service	
Financial Support & Independence ***-Explain***	Able to manage finances ☐ Yes ☐ No Spends money responsibly ☐Yes ☐ No
Military History	
Hx. of Disruptive Behaviors *(Children & Adolescents)* ***-Explain***	☐Physical aggression ☐Verbal aggression ☐Defiance of authority ☐Destruction of Property ☐Truancy ☐Theft ☐Negative attention seeking ☐Fire Setting ☐Bully others ☐Frequent conflicts with others ☐Animal cruelty ☐Oppositional behaviors
Legal History - Arrests - Gang Involvement	

Social History ***-Explain***	☐Able to establish friendships ☐Able to maintain friendships longterm ☐Not Able to establish friendships ☐Not Able to maintain friendships ☐Gets along well with peers ☐Major conflicts with peers ☐Engage in same-age peer activities ☐Prefers to be with older peers ☐Prefers to be with younger peers ☐Partake in group activities (i.e. sports, band) ☐Plays independently
Cultural Background & Influences	
Spiritual / Religious Influences	
Sexual Practice - Orientation - Areas of Concern	
Leisure/Recreational Activities	
Personal Goals	
Personal Strengths & Assets	
Personal Obstacles & Challenges	
Resources & Social Support	

Behavioral Observations - Presentation (Check all that apply & specify additional detail when needed):

General Appearance ***Explain***	☐Good/Well-Kept	☐Appropriate	☐Disheveled	☐Not Appropriate for Setting	
	☐ Appear Stated Age	☐ Older	☐ Younger	Height_____Weight_____	
Ambulation	☐WNL	☐Unsteady	☐Cane	☐Wheelchair	☐Walker
	☐Antalgic gait	☐Assistive device	☐Other Gait Abnormality		
Explain					
Motor Activity	☐WNL	☐Retarded	☐Accelerated	☐Stuporous	☐Tics
	☐Hyperactive	☐Slow	☐Restless	☐Tremors / Shakes	
Explain					

Fine Motor Skills: *-Young children*	☐ Hold a pencil to write (scribble)	☐ Picks up a penny from the table	☐ Ties shoelace or ribbon	
Gross Motor Skills: *-Young children*	☐ Goes up and down the stairs	☐ Jumps	☐ Runs	☐ Throws & catches a ball
Eye Contact	☐ WNL	☐ Poor	☐ Variable	☐ Prescription Eyeglasses
	☐ Looking down		☐ Looking away	☐ Wearing Shades
Explain				
Hearing	☐ WNL	☐ Poor	☐ Hearing aides	☐ Must be spoken to loudly
Speech – Pitch &Tone	☐ WNL	☐ High	☐ Low	☐ Unusual ☐ Monotone
Speech Content & Production	☐ WNL	☐ Slowed	☐ Slurred	☐ Intelligible ☐ Unintelligible
	☐ Clanging	☐ Pressured	☐ Sparse	☐ Spontaneous ☐ Non-Spontaneous
	☐ Tangential	☐ Stutters	☐ Impediments	☐ Logical ☐ Illogical
	☐ Dysarthric	☐ Aphasic	☐ Echolalia	☐ Organized ☐ Disorganized
	☐ Limited	☐ Lisps	☐ Incoherent	☐ Fluent ☐ Over productive
Explain				
Hand Dominance	☐ Right	☐ Left	☐ Ambidextrous	
Behavior & Attitude:	☐ Cooperative	☐ Hostile	***Explain***:	
	☐ Withdrawn	☐ Disruptive		
	☐ Agitated	☐ Combative		
	☐ Dramatic	☐ Oppositional		
	☐ Belligerent	☐ Manipulative		
	☐ Guarded			
Rapport w/Clinician	☐ Established	☐ Not Established	☐ Difficult to Establish	
Interaction w/ Caregiver	☐ WNL	☐ Oppositional	☐ Distant/Withdrawn	☐ Clingy / Dependent
	☐ N/A			
Effort:	☐ WNL	☐ Minimal	☐ Need a lot of reinforcement & prompting	
Responses:	☐ Frank	☐ Over-exaggeration of Symptoms	☐ Inconsistent	☐ Dishonest
		☐ Minimize Symptoms		

Behavioral Observations - Emotions (Check all that apply & specify additional detail when needed):

Client's Reported Mood:

Observed Mood
☐Content ☐Euphoric ☐Apathetic ☐Depressed ☐Sad ☐Dysthymic
☐Angry ☐Confused ☐Irritable ☐Anxious ☐Fearful ☐Worried
☐Variable ☐Distrustful ☐Optimistic ☐Neutral

Affect
☐Labile ☐Constricted ☐Blunted ☐Appropriate ☐Inappropriate Range
☐Flat ☐Depressed ☐Tearfulness ☐Congruent ☐Incongruent to Mood

Suicide
☐Current ☐None ☐Ideations ☐Plans ☐Attempts ☐Threats ☐Self-Injury
☐Past

Explain:

Homicide
☐Current ☐None ☐Ideations ☐Plans ☐Attempts ☐Threats ☐Causes Injury
☐Past

Explain:

Depressed Symptoms
☐Sadness ☐Helplessness ☐Low self-esteem ☐Depressed mood ☐Mania
☐Withdrawn ☐Mood Swing ☐Low self-worth ☐Low motivation
☐ Anger ☐Aggression ☐Excessive guilt ☐Easily frustrated
☐Anhedonia ☐Hopelessness ☐Crying spells ☐Low energy / fatigue

Explain:

Anxiety Symptoms
☐Worries ☐Anxious ☐Panic attacks ☐Easily stressed
☐Fears ☐Irritable ☐Compulsions ☐Obsessive Thoughts

Explain:

Eating Habits
☐WNL ☐Poor Nutrition ☐Increased Appetite ☐Decreased Appetite ☐Variable

Explain:

Sleep
☐WNL ☐Increased sleep ☐Decreased sleep ☐Difficulty Falling Asleep
☐Nightmares Night Terrors ☐Early morning awakening ☐Restless Sleep ☐Difficulty Staying Asleep

Explain:

Behavioral Observations - Cognition (Check all that apply & specify additional detail when needed):

Attention Span	☐Sustain attention/focus	☐Lacked focus	☐Shortened	☐Distant
	☐Easily distracted	☐Inattentive	☐Aloof	
Intelligence	☐Average	☐Above average	☐Low	
	☐Below average	☐Borderline	☐Significantly Low	
Insight	☐WNL	☐Poor	☐Good	☐Superficial ☐Limited
Judgment	☐WNL	☐Poor	☐Impaired	☐Limited
Impulse Control	☐WNL	☐Poor	☐Explosive	☐Impulsive ☐Low Impulse
Thought Content & Process	☐Logical	☐Goal directed	☐Flight of ideas	☐Loosening of associations
	☐Concrete	☐Confused	☐Perseverance	☐Poor Comprehension
	☐Tangential	☐Circumstantial	☐Slow processing	☐Abstraction ability
Hallucination	☐None	☐Visual ☐Auditory ☐Tactile ☐Gustatory ☐Olfactory		
Explain:				
Delusions:	☐None ☐Erotomanic	☐Grandiose ☐Persecutory ☐Somatic		
	☐Paranoia	☐Ideas of Reference	☐Bizarre Thoughts & Beliefs	
Explain:				

Mental Status:

Orientation	☐ Alert	☐ Person	☐ Place	☐Time	☐ Situation
	☐ Delirious	☐ Disoriented			
Explain:					

Functional Capacity:

Daily Living Skills	☐Shower ☐Dress ☐Cook ☐Clean ☐Shop ☐Drive ***Young Children:*** ☐Prepare small meals ☐Eat independently ☐Household chores
Explain:	
Daily Routine ***-Spare time***	

Client Name:_____ **Date of Birth**:_____

Any Additional Information:
Preliminary Goals:
1.
2.
3.

Diagnostic Impression:

Diagnostic Code: DSM-5 & ICD-10	**Description**	**Specifiers (i.e. Severity, Course, Domains)**

Clinician Name, Title, Degree, License #

Signature

Clinical Supervisor Name, Degree, License #

Signature