JNG HEALTH NETWORK
Your Choice for Quality Therapeutic Services

Clinical Interview – All Ages

Personal Information:

Name			**Date**	
Date of Birth	**Age**	**Gender** ☐ Male ☐ Transgender ☐ Female ☐ Other	**Race/Ethnicity**	**Place of Birth**
Address			**Phone #**	
			Alternate #	

Children:

Parent #1 Name:	**Phone #:**	**Email:**
Parent #2 Name:	**Phone #:**	**Email:**
Emergency Contact Name, Relationship, & Phone #:		
Services Rendered	☐ In-office / In-Person ☐ Telehealth / Telepsychology	
Accompanied by		
Information provided by	☐ Client Only ☐ Client & _____	

Referral Information

Referred by:	
Reason for Referral & Presenting Problem:	

Background Information:

Hx. of Relocations or Migration	
Current Living Arrangements	

Parents / Guardian - Relationship with - Raised by	
Siblings - Relationship with - Birth order	
Description of Childhood / Adolescence	
Significant Romantic Relationships	
Children -Name - Age -Relationship with	
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 - Family Hx.	
Psychiatric Medications - Prescribed by - Past & Current	

Medical Illness & Treatment - Hospitalization - Surgeries - Family Hx	
Other Medications - Prescribed by - Past & current	
Developmental Hx ***(children & adolescence only)*** - Birth Process - Dev. Milestones	

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 ☐ NONE

Head injuries:	
Loss of Consciousness:	
Substance Abuse Hx.	☐None at all ☐Marijuana ☐Alcohol ☐ Coffee ☐ Crack/Cocaine ☐Nicotine *(Cigarettes, cigars, vaping, chewing tobacco)* ☐ Opioids (pain meds) ☐ Others *(Xanax, anxiolytics, hallucinogens, inhalants, etc…)*
Explain: -Frequency of Use -Treatment	
Education - Highest achievement - Training, college… ***Children / Adolescents*** - ESE, IEP, Gifted - Retentions, Expulsions - Suspensions, referrals	
Employment Hx. - Conflicts at work? **Adolescents:** - Community Service	

Military History	
Legal History - Arrests - Gang Involvement	
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
Social History ***-Explain***	☐Able to establish friendships ☐Able to maintain friendships ☐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
Cultural Background & Influences - Adjustment - Immigrants	
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	☐Good/Well-Kept	☐Appropriate	☐Disheveled	☐Not Appropriate for Setting	
	☐ Appear Stated Age	☐ Older	☐ Younger	Height_____Weight_____	
Explain					
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					
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 ☐Past — ☐None ☐Ideations ☐Plans / Threats ☐Attempts ☐Self-Injury

Explain:

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

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		☐ Borderline	
	☐Low	☐Below average		☐ 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
	☐Paranoia	☐ Ideas of Reference	☐ Bizarre Thoughts & Beliefs	☐Somatic
Explain:				

Mental Status:

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

Functional Capacity:

Daily Living Skills	☐Shower	☐Dress	☐Cook / prepare small meals	☐Clean	☐Shop	☐Drive
Explain:						

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

Any Additional Information:

Therapy Goals per Client:	
1.	
2.	
3.	

Diagnostic Impression:

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

Clinician Name, Title, Degree, License #

Signature

Clinical Supervisor Name, Degree, License #

Signature