

Clinical Interview Form

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Author Note

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Interview form

Interviewer's name
 Interviewee's name
 Client's name
 Age Sex Height..... Weight.....
 Address

 Telephone number Home Mobile
 Religion Education
 School/University Plan in school/Faculty
 First choice in faculty

Interviewee
 Address

 Telephone number Home Mobile
 Occupation

Review

1. What is the problem?
2. Is it problems?
3. Does it cause impairment?
4. Diagnosis
5. Diagnostic formulation

Circumstance of interview
 Appearance of interviewee

Relationship between interviewer and interviewee
 Problem

Onset of symptom
 Duration from the past
 What cause interviewee now? (Ask indirectly)

Pervasiveness
 Frequency
 Persistence
 Setting
 Sign before the problem
 Rest of family had?
 What going on when the problem appear

Concerned / unconcerned
 Defensive / aggression

Success?

Have ever seen psychiatrist or psychologist before

Consult with other people

What does he/her do

Success?

Deviation

Impairment

1. To client

2. Social restriction

3. To others

4. To development

Is this disorder

Surely, probably, tendency or not sure

Feelings and attitude of interviewee.....

INFORMATION ABOUT RECENT BEHAVIOR AND EMOTION STATE

General Health

Sickness.....

Had been of school b/c sickness.....

Go to doctor.....

Breathing difficulties.....

Severe headache.....

Stomach.....

Sight.....

Eating, Sleeping, Elimination, Etc.

Eating difficulties.....

Eating shouldn't thing

Sleeping.....

Wetting bed

Wetting pants during day.....

Soiling himself.....

Muscular System and Concentration

How active.....

Concentration.....

Sensory-motor

Speech

Speech problem.....

Tics and Habitual Mannerisms

Mannerisms.....
Sucking his thumbs or anything.....
Bite his nails or anything.....
Habitual moving.....
Sticking with toys or anything.....

Attack Disorders
Attack of fainting.....
Loss of consciousness.....

Emotion
Usually emotions.....
Cry..... Miserable..... Happy.....
Unhappy..... Does he show it?.....
What make him unhappy..... What make him happy.....
Worried.....
Irritable.....
Sulk.....
Afraid of.....
Cried or tearful when go to school.....
Over-fussy.....
Insist on doing thing on special way.....

Peer Relationship
Get along w/ other children? (Last 2 weeks).....
Bully.....
Fight.....
Club.....

Relationship with siblings
Get along w/ brothers or sisters?.....
Who attached.....

Relationship with adults
Get along w/ interviewee.....
Easy child.....
Get along w/ other adults.....
Get along w/ teacher.....

Antisocial trends
Disobedient.....
Destructive.....
Lie.....
Steal (Take thing that not belong to him).....
Truant.....
Run away from home.....
Stay out at night.....
Smoke, drink, drugs.....
Trouble w/ police/court.....

Sex

Interest in opposite sex
Girl or boy-friend

Schooling

What school does he go to
How does he like
Learning?

Family history

Father's name Age
Religion Education
Has been married before Any children
Physical health
Personality
Nervous disorder or go to see psychiatrist
.....
Any developmental retardation

Mother's name Age
Religion Education
Has been married before Any children
Physical health
Personality
Nervous disorder or go to see psychiatrist
.....
Any developmental retardation

Have any brothers or sisters Client birth order
His/Her name Age
Religion Education
Physical health
Personality
Nervous disorder or go to see psychiatrist
.....
Any developmental retardation

His/Her name Age
Religion Education
Physical health
Personality
Nervous disorder or go to see psychiatrist
.....
Any developmental retardation

His/Her name Age
Religion Education
Physical health
Personality
Nervous disorder or go to see psychiatrist
.....
Any developmental retardation

His/Her name Age
Religion Education
Physical health
Personality
Nervous disorder or go to see psychiatrist
.....
Any developmental retardation

Foster child or adopted child
His/Her name Age
Religion Education
Physical health
Personality
Nervous disorder or go to see psychiatrist
.....
Any developmental retardation

Mother pregnancies
.....
.....

Contact with
Grandparents
Maternal or paternal sibs
.....
How does the child get along with them

Grandparents occupation
How does their nurture parents
.....

Any people in family else
His/Her name Age
Religion Education
Physical health
Personality
Nervous disorder or go to see psychiatrist
.....
Any developmental retardation

His/Her name Age
Religion Education
Physical health
Personality
Nervous disorder or go to see psychiatrist
.....
Any developmental retardation

Any people take alcohol/drugs or smoke
.....
Suicide

Trouble with police or court

Home circumstances

General appearance

Any people in house

Sleeping arrangement

Own bedroom

Own bathroom

Financial circumstances

Socio-economic status

Financial difficulties

Neighborhood

Any

Relationship

Family Relationship

Parents get along together

What things they join together

Spend time together

Work in house both father and mother and child

What thing parents join w/ child

Family go out together

Children feeling

Does client need help with washing, dressing or feeding

Who help

How does client go to school

Strictly time come back home/go to bed/etc.....

What happened when he/she out of rule.....

Does he choose his clothes/hair style/etc.....

Go out w/o saying where he's going

Punishment.....

Who punish.....

What do interviewee do after punishment

Does he have pocket money.....

History

Any complication in pregnancy and delivery.....

Where born.....

Birth-weight..... Duration in pregnant

Mother's health when child born

Breathing problem after delivery

How feeding in baby.....

Crying.....

Placid or active

Responsive to mother

When sitting Stand alone

3-4 steps w/o holding Say 3-4 words w/ meaning (ex. Mama, dada)

3 words together

Was he considered to slow in any of these things

Compare w/ brothers or sisters.....

When control his bladder and bowel

What sort of training was used.....

Any difficulties.....

Ever been in hospital.....

Gone to emergency room.....

Any clinic or welfare.....

Serious Illness..... Meningitis or encephalitis.....

Convulsions.....

Ever away from home w/o parents.....

Ever apart from either parents 4 weeks.....

How looked after.....

How did he react at the time on reunion.....

What schools has the child attended.....

Changing..... Why.....

Spoke with teacher..... Why.....

Temperamental or Personality Attributes (Identify both before problem and now)

Meeting new people

Meets new children.....

Meets new grown-ups.....

Speak with someone new.....

New Situations

Go to new places.....

Emotional expression

Express his feeling.....

Discrepancy of his expression and situations.....

What he do when frustrate.....

Affection and relationships

Feeling easily or reserved.....

How does he show affection.....

Affection to whom.....

How easily he confide.....

Confide to whom.....

How is he at making friends.....

Regularity of functions

How regular is he in his sleeping habits.....

Wake up at night.....

Amount he eats.....

Bowel.....

Sensitivity

Respond if sees another child hurt or animal hurt.....

React if done something wrong.....

Do you think he is a sensitive child.....

DIAGNOSIS

Summary
.....
.....

Axis I

Axis II

Axis III

Axis IV

Axis V

How much sure

Diagnostic Formulation

Mechanism
.....
.....

Precipitants

.....

Contingencies

.....

.....

Treatment

.....

.....

.....

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