



Delicately Balanced Therapy, PLLC

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Adult Client

Diagnostic Interview

Name _____

Date of Birth _____

Age _____

Gender: Male _____ Female _____

MEDICAL HISTORY

Name of Primary Care Physician: _____

Date of last medical evaluation: _____

Date of next appointment: _____

Current medications being taken:

1) _____ Dosage/Freq _____ Start Date _____ Purpose _____

2) _____ Dosage/Freq _____ Start Date _____ Purpose _____

3) _____ Dosage/Freq _____ Start Date _____ Purpose _____

4) _____ Dosage/Freq _____ Start Date _____ Purpose _____

Prescribed by: _____

Have you ever been hospitalized for medical reasons? (Circle one) YES NO

Hospital	Mo/Yr	Reason
_____	_____	_____
_____	_____	_____
_____	_____	_____

Describe any important medical history, chronic ailments, or other health problems you experience: _____

Describe any other health problems or important medical history about your immediate family members and close relatives, including chronic ailments: _____

Do you have any close relatives (father, mother, brother, sister, grandparent) who have experienced depression, anxiety, or other emotional difficulties? Please list: _____

FAMILY HISTORY

Please check all information that applies to your biological parents:

MOTHER	<input type="checkbox"/> living	FATHER	<input type="checkbox"/> living
	<input type="checkbox"/> deceased		<input type="checkbox"/> deceased
	<input type="checkbox"/> married		<input type="checkbox"/> married
	<input type="checkbox"/> divorced		<input type="checkbox"/> divorced
	<input type="checkbox"/> remarried ___# of times		<input type="checkbox"/> remarried ___# of times

Do you consider anyone else to be a "parent" in your life? YES NO If so, whom? _____

Describe your relationship with your mother:

Currently: _____

In the past: _____

Describe your relationship with your father:

Currently: _____

In the past: _____

List first names and ages of your brothers & sisters:

Name	Age	Relationship (biological, adoptive, step, etc.)	Lives with:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe any known problems, which occurred in your biological family relating to:

Alcohol/drug abuse: _____

Legal Involvement: _____

Domestic Violence: _____

Child Protective Services (CPS): _____

With whom do you live:

Name	Age	Relationship	Grade/Occupation
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

What is your marital status? _____ How many times have you been married? _____

If you are in a relationship, how long have you been with your significant other? _____

How do you all resolve arguments? _____

Are you currently sexually active? (Circle One) YES NO If yes, are you practicing any form of birth control? _____

ACAMDEMIC HISTORY

Which school do/did you go to? _____ Highest Completed Grade: _____

How are/were your grades? _____

Did you have any problems in school? _____

Have you ever repeated a grade? (Circle One) YES NO If so, which grade(s)? _____

Does/did you experience any or behavior problems while in school with peers or teachers?

(Circle One) YES NO If yes, please explain: _____

Have you ever been suspended or expelled from school? (Circle One) YES NO

If yes, please provide which grade, how long and what occurred: _____

EMPLOYMENT HISTORY

Do you work? (Circle One) YES NO If so, how many hours a week? _____

Where do you work? _____ What is your job title? _____

What are your responsibilities? _____

How long have you worked in this position? _____

Any problems? _____

Please list previous employers and length of employment: _____

Have you ever been fired from a job? (Circle One) YES NO If so, what was the reason? _____

LEVEL OF FUNCTIONING

Who is in your support network? _____

Please describe your level of physical activity: _____

Please describe your social functioning: _____

SUBSTANCE USE/ABUSE

(Examples include but are not limited to cocaine, marijuana, cigarettes, alcohol, abuse of prescription drugs, etc.)

Type Date of Last Use Amount of Last Use Frequency Length of Time Using Age of First Use

Please describe your treatment history? _____

LEGAL HISTORY

Have you ever been arrested/incarcerated? (Circle One) YES NO If so, when and what for? _____

Are you currently on probation? (Circle One) YES NO If so, for how long? _____

PREVIOUS MENTAL HEALTH TREATMENT

Are you currently in counseling? (Circle One) YES NO If so, who do you see? _____
Have you ever attended counseling? (Circle One) YES NO If so, who did you see? _____
Did it help? (Circle One) YES NO What were your goals? _____
Have you ever been hospitalized in a psychiatric facility? (Circle One) YES NO If so, where and when? _____

MENTAL STATUS

Please check any of the following that describe how you have been feeling lately:

sad anxious depressed frightened guilty angry ashamed aggressive resentful
 worthless tearful irritable confused extreme ups/downs jealous hopeless helpless

Have you had any change in sleeping habits? (Circle One) YES NO Describe: _____

Are you experiencing nightmares? (Circle One) YES NO If yes, how many nights per week? _____

What are the nightmares regarding? _____

Have you had any change in eating habits? (Circle One) YES NO Describe: _____

Have you ever considered suicide in connection with your **current** problem? (Circle One) YES NO

If so, please give a brief description with dates: _____

Have you ever **considered suicide** in the **past**? (Circle One) YES NO

Have you **attempted suicide recently** or in the **past**? (Circle One) YES NO

If so, please give a brief description with dates: _____

Have you tried to hurt others or animals recently or in the past? (Circle One) YES NO

If yes, please explain: _____

Do you engage in self-injurious behaviors? (Circle One) YES NO If yes, please explain: _____

Have you ever been a victim of Physical Abuse? (Circle One) YES NO If yes, please explain: _____

Have you ever been a victim of Sexual Abuse? (Circle One) YES NO If yes, please explain: _____

Are you experiencing auditory or visual hallucinations? (Circle One) YES NO If yes, please explain: _____

Is there any other information that you would like to share that is not covered on this form?

