

Alabama Medicaid Diagnostic Intake Interview

Client's Last Name First Name M.I. Client ID#

Date of Examination: _____

Start Time: _____

End Time: _____

General Information (G)

A1. Narrative description of the problem (including onset, course, duration and severity, and social interactions and conflicts in the home, school, community settings.

A2. General family information: (City of residence, Parents married, divorce, or single, Siblings and their ages, Who raised client, School and grade level, Parent's occupation).

A3. Are there any Family Life Domain Deficits and/or Stressors: (Family violence, neglect or abuse, death, trauma). ____ Yes ____ No (Describe)



Legal (L).

B1. Relevant Legal History. List current and/or past legal problems? ____ Yes ____ No
(Describe)

B2. Currently on probation? ____ Yes ____ No (Describe)

B3. Court Ordered for treatment? ____ Yes ____ No

Medical (M).

C1. Relevant medical history. List current and past conditions and current treating physician(s)
(Describe)

C2. Relevant family medical history (Describe)

C3. Allergic to any medications ____ yes ____ no (Specify)



<input type="checkbox"/> Repeated grades	<input type="checkbox"/> Criminal activity in school	
	<input type="checkbox"/> Other	

Diagnostic Impression

Axis	ICD 10 Code	Description
I	_____	_____

Counselor Signature: _____ Date: _____

Psychologist Signature: _____ Date: _____

