## Alabama Medicaid **Diagnostic Intake Interview**

Clie	nt's Last Name	First Name	M.I.	Client ID#
Date	of Examination:			
Star	t Time:			
End	Time:			
A1.		he problem (including onset, coursed conflicts in the home, school, co		
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		ion: (City of residence, Parents ma ent, School and grade level, Parent		
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A3.		fe Domain Deficits and/or Stressor trauma) Yes No (De		olence,



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[	s there a family history of drugs/alcohol abuse? Yes No (Describe)
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	Current use of ETOH / Other drugs? Yes No (Describe)
	urrent use of ETOH / Other drugs? Yes No (Describe)
	urrent use of ETOH / Other drugs? Yes No (Describe)
	Current use of ETOH / Other drugs? Yes No (Describe)
	Current use of ETOH / Other drugs? Yes No (Describe)
	furrent use of ETOH / Other drugs? Yes No (Describe)
-	Current use of ETOH / Other drugs? Yes No (Describe)  Past psychiatric and /or alcohol/drug history? Yes No Describe)
- - - P	ast psychiatric and /or alcohol/drug history? Yes No
- - -	ast psychiatric and /or alcohol/drug history? Yes No
- - - P	ast psychiatric and /or alcohol/drug history? Yes No
- - -	ast psychiatric and /or alcohol/drug history? Yes No
- - -	ast psychiatric and /or alcohol/drug history? Yes No
_ _ _ P:	ast psychiatric and /or alcohol/drug history? Yes No
_ _ _ Pa	ast psychiatric and /or alcohol/drug history? Yes No



<b>Legal</b> ( B1. Re (Descri	elevant Legal History. List current and/or past legal problems? Yes No
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B2. Cu —	urrently on probation? Yes No (Describe)
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B3. Co	ourt Ordered for treatment? Yes No
<b>Medica</b> C1. Re (Descri	elevant medical history. List current and past conditions and current treating physician(s)
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C2. R	elevant family medical history (Describe)
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C3. A	llergic to any medications yesno (Specify)
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C4.	Allergiesyesno (Specify)	
C5.	Six-month history of prescribed and frequency used over-the counter n	nedications
If ye	s, complete comment section – include item number. Also, use commer answers as need.	ent section to expand
D1.	Appearance And Dress: Neat Disheveled Unclean Unusual Bizarre Casual	Include item number with comments
D2.	Attitude:CooperativeUncooperativePassiveAggressiveSuspiciousSarcasticSullenManipulative	
D3. D4. D5.	Tone of Voice:NormalLoudSoft Rate of Speech:AppropriateRapidSlow Unusual or bizarre aspects of speech ( <i>Check all that apply</i> )NoneMutismStutteringEnunciationOther	
D6.	Interaction with interviewer: AppropriateEvasiveDefensiveHostileAttention SeekingDomineeringSillySeductiveShy/quiet/reserved	
D7.	Affective reactions were: AppropriateBluntedFlattenedExaggeratedLabile	
D8.	Orientation:Orientated in all spheresDisoriented to:PersonPlaceTimeSituation	
D9.	Hallucinations:None	

	VisualTa	uditory Command actile inesthetic eent)	
D10.	Judgment:Age appropriateUnable to assess	Poor	
D11.	Mood (how often do you feel  HappySad Guilty) Assess in cor	_ScaredMad nment section	Include item number with comments
D12.	Hyperactive	YesNo	
	Can't keep hands/feet to self Difficulty following directions	YesNo Yes No	
	Over-talkative/interrupts	Yes No	
	Impulsive	YesNo	
D17.	•	Yes No	
D18.	Defiant	Yes No	
D19.	Temper problems	YesNo	
	Irritability	YesNo	
D21.	Argumentative	YesNo	
D22.	Fire Setting(Conflagration)	YesNo	
D23.	Sexual Acting Out	YesNo	
D24.	Hurting animals	YesNo	
	Enuresis	YesNo	
	Encopresis	YesNo	
D27.	Stealing w/confrontation Stealing w/out confrontation	YesNo YesNo	
D28.	Physical aggression	YesNo	
	Anger / Rage	YesNo	
D30.	Serious lying	YesNo	
D31.	Running away	YesNo	
D32.	Serious rule violations	YesNo	
D33.	Depressed mood	YesNo	
D34.	Tearful	YesNo	
D35.	Shy	YesNo	
D36.	Mood Swings	YesNo	
D37.	Diminished interest in activities	YesNo	
	Feelings of hopelessness	YesNo	
	Feelings of worthlessness	YesNo	
D40.	Fatigue / low energy	YesNo	
D41.	Decreased concentration Social withdrawal	YesNo	
D42. D43.	Suicidal ideation (current)	YesNo YesNo	
D43.	Suicidal ideation (past)	YesNo	



D45.	Suicidal attempts (past)	Yes	No		
	Suicidal intent (current)	Yes	 No		
D47.	Homicidal ideation (current)	Yes	No		
	Homicidal intent (current)	Yes	No		
	Homicidal ideation/intent (past)	Yes	No		
	Homicidal attempts (past)	Yes	 No		
	Changes in appetite / weight	Yes	 No		
	Evidence of eating disorder	Yes	 No		
	Sleep problems	Yes	No		
D54.	* *		No No		
D55.	•	Yes	No		
	Panic Panic		No		
	Obsessions / compulsions	Yes _	No No		
	Anxiety/excessive worry	Yes _	No		
	Somatic complaints (for which no	1cs	110		
DJJ.	medical basis established	Yes	No		
D60.	Other symptoms	Yes _	No		
E1.	Highest grade completed			Include item number with	
E1.	Highest grade completed			Include item number with comments	
	Currently enrolled in: (Circle One)				
	Currently enrolled in: (Circle One)				
	Currently enrolled in: (Circle One)Pre-SchoolGED				
	Currently enrolled in: (Circle One) Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12				
E2.	Currently enrolled in: (Circle One) Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12	contact perso	on:		
E2.	Currently enrolled in: (Circle One)  Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12  Dropped at Grade	contact perso	on:		
E2.	Currently enrolled in: (Circle One)  Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12  Dropped at Grade	contact perso	on:		
E2.	Currently enrolled in: (Circle One)  Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12  Dropped at Grade	contact perso	on:		
E2.	Currently enrolled in: (Circle One)  Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12  Dropped at Grade  Name of phone number of teacher or company to the company to th	contact perso	on:		
E2.	Currently enrolled in: (Circle One) Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12 Dropped at Grade  Name of phone number of teacher or compared to the school release signed?	contact perso	on:		
E2.	Currently enrolled in: (Circle One) Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12 Dropped atGrade  Name of phone number of teacher or company of the school release signed? YesNoNA  Special Ed. Placement:	contact perso	on:		
E2. E3.	Currently enrolled in: (Circle One) Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12 Dropped atGrade  Name of phone number of teacher or compared in the second sec		on:		
E2. E3.	Currently enrolled in: (Circle One) Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12 Dropped atGrade  Name of phone number of teacher or company of the school release signed? YesNoNA  Special Ed. Placement:		on:		
E2. E3.	Currently enrolled in: (Circle One)Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12Dropped at Grade  Name of phone number of teacher or of teache	ction)	on:		
E2. E3. E4. E5.	Currently enrolled in: (Circle One)Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12Dropped at Grade  Name of phone number of teacher or of teache	ction)	on:		
E2. E3. E4. E5.	Currently enrolled in: (Circle One)Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12Dropped atGrade  Name of phone number of teacher or commendate or commend	ction) ction) YesNo			
E2. E3. E4. E5.	Currently enrolled in: (Circle One)Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12Dropped atGrade  Name of phone number of teacher or comment sections of the section of the s	ction) ction) YesNo _Difficulty v	w/teachers		
E2. E3. E4. E5.	Currently enrolled in: (Circle One)Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12Dropped atGrade  Name of phone number of teacher or commendate or commend	ction) ction) YesNo	w/teachers		



Repeated grade	es	Criminal activity in schoolOther		
<b>Diagnostic Impression</b>				
Axis ICD 10 Code	Description			
Ι				
Counselor Signature:			Date: _	
Psychologist Signature:			Date:	

