## 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.          | eral Information (G) Narrative description of the and social interactions and | e problem (including onset, cou<br>conflicts in the home, school, c   | rse, duration an | d severity,<br>ngs. |
|              |   |   |                  |                     |
|              |   |   |                  |                     |
|              |   |   |                  |                     |
|              |   |   |                  |                     |
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|              |   |   |                  |                     |
|              |   |   |                  |                     |
|              |   |   |                  |                     |
|              |   |   |                  |                     |
| A2.<br>and t |   | n: (City of residence, Parents m<br>nt, School and grade level, Paren |                  |                     |
|              |   |   |                  |                     |
|              |   |   |                  |                     |
|              |   |   |                  |                     |
|              |   |   |                  |                     |
|              | -   |   |                  |                     |
|              | -   |   |                  |                     |
|              |   |   |                  |                     |
|              |   |   |                  |                     |
|              |   |   |                  |                     |
| A3.          |   | Domain Deficits and/or Stresso<br>auma) Yes No (D                     |                  | olence,             |
|              |   |   |                  |                     |
|              |   |   |                  |                     |
|              |   |   |                  |                     |



| s there a family history of drugs/alcohol abuse? Yes No (Describe)  amily history of psychiatric illnesses-list relationship not names Yes No (escribe)  Current use of ETOH / Other drugs? Yes No (Describe)  ast psychiatric and /or alcohol/drug history? Yes No Describe) |        |  |
|---|--------|--|
| amily history of psychiatric illnesses-list relationship not names Yes No rescribe)  Current use of ETOH / Other drugs? Yes No (Describe)  Past psychiatric and /or alcohol/drug history? Yes No  |        |  |
| amily history of psychiatric illnesses-list relationship not names Yes No rescribe)  Current use of ETOH / Other drugs? Yes No (Describe)  Past psychiatric and /or alcohol/drug history? Yes No  |        |  |
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| Current use of ETOH / Other drugs? Yes No (Describe)  Past psychiatric and /or alcohol/drug history? Yes No   | s the  | ere a family history of drugs/alcohol abuse? Yes No (Describe) |
| Current use of ETOH / Other drugs? Yes No (Describe)  Past psychiatric and /or alcohol/drug history? Yes No   |        |  |
| Current use of ETOH / Other drugs? Yes No (Describe)  Past psychiatric and /or alcohol/drug history? Yes No   |        |  |
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| ast psychiatric and /or alcohol/drug history? Yes No  |        | 100)   |
| ast psychiatric and /or alcohol/drug history? Yes No  |        |  |
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| ast psychiatric and /or alcohol/drug history? Yes No  |        |  |
|   |        |  |
|   | Curre  | ent use of ETOH / Other drugs? Yes No (Describe)               |
|   | urre   | ent use of ETOH / Other drugs? Yes No (Describe)               |
|   | urre   | ent use of ETOH / Other drugs? Yes No (Describe)               |
|   | Curro  | ent use of ETOH / Other drugs? Yes No (Describe)               |
|   | Curre  | ent use of ETOH / Other drugs? Yes No (Describe)               |
|   | Curro  | ent use of ETOH / Other drugs? Yes No (Describe)               |
|   | Past   | psychiatric and /or alcohol/drug history? Yes No               |
|   | ast :  | psychiatric and /or alcohol/drug history? Yes No               |
|   | Past   | psychiatric and /or alcohol/drug history? Yes No               |
|   | Past   | psychiatric and /or alcohol/drug history? Yes No               |
|   | Past   | psychiatric and /or alcohol/drug history? Yes No               |
|   | Past   | psychiatric and /or alcohol/drug history? Yes No               |
|   | Past : | psychiatric and /or alcohol/drug history? Yes No               |
|   | ast :  | psychiatric and /or alcohol/drug history? Yes No               |
|   | Past   | psychiatric and /or alcohol/drug history? Yes No               |



| <b>Legal</b> (<br>B1. Re<br>(Descri | elevant Legal History. List current and/or past legal problems? Yes No                      |
|-------------------------------------|---|
| -<br>-<br>-                         |   |
| _                                   |   |
| B2. Cu<br>—                         | urrently on probation? Yes No (Describe)  |
| _<br>_<br>_                         |   |
| _                                   |   |
| B3. Co                              | ourt Ordered for treatment? Yes No  |
| <b>Medica</b><br>C1. Re<br>(Descri  | elevant medical history. List current and past conditions and current treating physician(s) |
| _                                   |   |
| _                                   |   |
| _                                   |   |
| _                                   |   |
| C2. R                               | elevant family medical history (Describe)   |
| _                                   |   |
| _                                   |   |
| _                                   |   |
| _                                   |   |
| _                                   |   |
| _                                   |   |
| _                                   |   |
| C3. A                               | llergic to any medications yesno (Specify)  |
| _                                   |   |
| _                                   |   |
| _                                   |   |
| _                                   |   |



| C4.               | Allergies yesno (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.<br>D4.<br>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 ent) |                                   |
|------|---|--|-----------------------------------|
| 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<br>Yes No                        |                                   |
|      | Over-talkative/interrupts                                     | Yes No                                 |                                   |
|      | Impulsive   | YesNo                                  |                                   |
| D17. | •   | Yes No                                 |                                   |
|      | Defiant   | YesNo                                  |                                   |
|      | Temper problems   | Yes No                                 |                                   |
|      | Irritability  | YesNo                                  |                                   |
| D21. | Argumentative   | YesNo                                  |                                   |
| D22. | Fire Setting(Conflagration)                                   | YesNo                                  |                                   |
| D23. | Sexual Acting Out   | YesNo                                  |                                   |
| D24. | Hurting animals   | YesNo                                  |                                   |
| D25. | Enuresis  | YesNo                                  |                                   |
|      | Encopresis  | YesNo                                  |                                   |
| D27. | Stealing w/confrontation Stealing w/out confrontation         | YesNo<br>YesNo                         |                                   |
| D28  | Physical aggression   | YesNo                                  |                                   |
|      | Anger / Rage  | Yes No                                 |                                   |
|      | Serious lying   | YesNo                                  |                                   |
|      | Running away  | YesNo                                  |                                   |
|      | 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                                       | YesNo                                  |                                   |
| D42. | Social withdrawal   | YesNo                                  |                                   |
| D43. | Suicidal ideation (current)                                   | YesNo                                  |                                   |
| D44. | Suicidal ideation (past)                                      | YesNo                                  |                                   |



| D45.            | Suicidal attempts (past)   | Yes                              | No                 |                                   |
|-----------------|--|----------------------------------|--------------------|-----------------------------------|
|                 | Suicidal intent (current)  | Yes                              | <br>No             |                                   |
| D47.            | Homicidal ideation (current)   | Yes                              | No                 |                                   |
|                 | Homicidal intent (current)   | Yes                              | No                 |                                   |
|                 | Homicidal ideation/intent (past)   | Yes                              | No                 |                                   |
|                 | Homicidal attempts (past)  | Yes                              | <br>No             |                                   |
|                 | Changes in appetite / weight   | Yes                              | <br>No             |                                   |
|                 | Evidence of eating disorder  | Yes                              | <br>No             |                                   |
|                 | Sleep problems   | Yes                              | No                 |                                   |
| D54.            | * *  |                                  | No No              |                                   |
| D55.            | 9  | Yes                              | No No              |                                   |
|                 | 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 |
|                 | Highest grade completed  Currently enrolled in: (Circle One) Pre-SchoolGED   |                                  |                    |                                   |
|                 | Currently enrolled in: ( <i>Circle One</i> ) Pre-SchoolGED   |                                  |                    |                                   |
|                 | Currently enrolled in: (Circle One) Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12  |                                  |                    |                                   |
|                 | Currently enrolled in: ( <i>Circle One</i> ) 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  | ontact perso                     | on:                |                                   |
| E2.             | Currently enrolled in: (Circle One)  Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12  Dropped out at Grade   | ontact perso                     | on:                |                                   |
| E2.             | Currently enrolled in: (Circle One)  Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12  Dropped out at Grade   | ontact perso                     | on:                |                                   |
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| E2.             | Currently enrolled in: (Circle One) Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12 Dropped out atGrade  Name of phone number of teacher or company to the company  | ontact perso                     | on:                |                                   |
| E2.             | Currently enrolled in: (Circle One)  Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12  Dropped out at Grade   | ontact perso                     | on:                |                                   |
| E2.             | Currently enrolled in: (Circle One) Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12 Dropped out at Grade  Name of phone number of teacher or compared in the second secon | ontact 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 out at Grade  Name of phone number of teacher or compared in the second secon |                                  | on:                |                                   |
| E2. E3.         | Currently enrolled in: (Circle One) Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12 Dropped out at Grade  Name of phone number of teacher or compared in the second secon |                                  | on:                |                                   |
| E2. E3.         | Currently enrolled in: (Circle One) Pre-SchoolGED  K 1 2 3 4 5 6 7 8 9 10 11 12 Dropped out at Grade  Name of phone number of teacher or compared in the second s     | 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 12 Dropped out at Grade  Name of phone number of teacher or comment second in the c     | 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 12 Dropped out at Grade  Name of phone number of teacher or comment second in school: YesNoNA  Special Ed. Placement: YesNo Date of last M-Team or S-Team (Describe placement of comment second in school)  Problems in school:YesNoNA  | 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 12 Dropped out at Grade  Name of phone number of teacher or comment second in school: YesNoNA  Special Ed. Placement: YesNoNA  Comment second in school: YesNoNA  Strengths in school:YesNONA  Problems in school:YesNONA   | ction) ction)  YesNoDifficulty 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 12 Dropped out at Grade  Name of phone number of teacher or comment second in school: YesNoNA  Special Ed. Placement: YesNo Date of last M-Team or S-Team (Describe placement of comment second in school)  Problems in school:YesNoNA  | ction) ction) YesNo              | w/teachers<br>ding |                                   |



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

