

PAUL M. DEUTSCH & ASSOCIATES, P.A.
CLINICAL INTERVIEW AND HISTORY

Counselor:

Accompanied By:

Telephone Pre-Evaluation:

Date of Evaluation:

Evaluation Location:

Re-Evaluation Date:

Name Social Security # Phone

Cell Phone Fax E-Mail

Address City State Zip

County Closest Metro Area

Birthdate Age Date of Onset Marital Status

Birthplace Citizen Race Sex

Elementary/Secondary Education

Employer/School Position/Grade

Bilingual Glasses Dominant Hand

Height Weight (present) Weight (pre-injury)

How Injured?

Loss of Consciousness or Altered State of Consciousness:

Length of Unconsciousness or of Altered State:

Independent Recall

Client Name:

Eval Date

Rehabilitation Program(s) [In/Outpatient Since Injury]

Prior Medical History:

Chief Complaint(s)

Current Disability

Disabling Problems:

Client Name:

2

Eval Date

Anticipated Treatments:

	↑
	↓

Patient: Psychosocial Issues

	↑
	↓

Family:

	↑
	↓

Physical Limitations

Loss of Tactile Sensation

	↑
	↓

Reach

	↑
	↓

Lift

	↑
	↓

Prehensile/Grip

	↑
	↓

Sitting

	↑
	↓

Client Name:

3

Eval Date

Stand

	↑
	↓

Walking/Gait

	↑
	↓

Bend/Twist

	↑
	↓

Kneel

	↑
	↓

Stoop/Squat

	↑
	↓

Climb

	↑
	↓

Balance

	↑
	↓

Breathing

	↑
	↓

Headaches

	↑
	↓

Vision

	↑
	↓

Hearing

	↑
	↓

Driving

	↑
	↓

Physical Stamina (average daily need for rest or reclining)

Empty text box with scroll arrows on the right side.

Environmental Influences

Air Conditioning

Heat

Cold

Wet/Humid

Sudden Changes

Fumes

Noise

Stress

Other:

Large empty text box with scroll arrows on the right side.

Activities Of Daily Living

Sleep Pattern:

Arises Retires Average Hours Sleep/24 Hours

Sleep Difficulties

Empty text box with scroll arrows on the right side.

Dressing: Independence In:

Housework/Home Maintenance

Cooking

Laundry

Yard Work

Social Activities

Client Name: 5 Eval Date

Organizations Pre/Post:

Volunteer Work Pre/Post

Socialization Pre/Post:

Hobbies (Present)

Hobbies (Previous)

Personal Habits

Smoking

Alcohol

Drugs

History of Abuse and/or Treatment Programs

Socioeconomic Status

Spouse Spouse Age Occupation

First Marriage Children

Number in Residence

Type of Residence

Client Name: **6** **Eval Date**

Income:

Disability Policy	\$	<input type="text"/>
V.A.	\$	<input type="text"/>
W.C.	\$	<input type="text"/>
D.V.R.	\$	<input type="text"/>
S.S.D.I.	\$	<input type="text"/>
S.S.I.	\$	<input type="text"/>
S.S. Retirement	\$	<input type="text"/>
Wages	\$	<input type="text"/>
Food Stamps	\$	<input type="text"/>
Other Income		<input type="text"/>
Medicaid		<input type="text"/>
Medicare		<input type="text"/>

Current Financial Situation

Other Agency Involvement

State Voc Rehabilitation	<input type="text"/>
State Employment Svc.	<input type="text"/>
Rehabilitation Nurse	<input type="text"/>
Other Agency	<input type="text"/>
Felony Convictions?	<input type="text"/>

Education & Training

Highest Grade Completed	<input type="text"/>
Last School Attended	<input type="text"/>
Trade/Tech Training	<input type="text"/>
Apprenticeship/OJT	<input type="text"/>
Other Education	<input type="text"/>
Literacy	<input type="text"/>
Licenses/Certifications	<input type="text"/>

Misc Education Info

Client Name:

7 Eval Date

Military Experience

Branch
Service Dates
Discharge
Service Disability
Rank/Duties
Training

Employment History

Released to Return to Work

Work History Since Injury

Employer City/State
Position
Start Date End Date Schedule
Length Wage
Duties
Reason for Leaving

Employer City/State
Position
Start Date End Date Schedule
Length Wage
Duties

Reason for Leaving

Client Name: 8 Eval Date

Employer City/State
Position
Start Date End Date Schedule
Length Wage
Duties
Reason for Leaving

Employer City/State
Position
Start Date End Date Schedule
Length Wage
Duties
Reason for Leaving

Employer City/State
Position
Start Date End Date Schedule
Length Wage
Duties
Reason for Leaving

Other Work Experience

Observations

Orientation
Stream of Thought
Approach
Attitudes/Insight
Appearance:

Tests Administered

Client Name: 9 Eval Date

- | | | | |
|--|---|---|---------------------------------|
| <input type="checkbox"/> Adaptive Behavior | <input type="checkbox"/> Bayley | <input type="checkbox"/> Hawaii Charts | <input type="checkbox"/> MMPI-1 |
| <input type="checkbox"/> Wahler/Whiteley | <input type="checkbox"/> Vineland | <input type="checkbox"/> GED Locator | |
| <input type="checkbox"/> Wahler | <input type="checkbox"/> Locke-Wallace | <input type="checkbox"/> Adolescent Problem | |
| <input type="checkbox"/> Whiteley | <input type="checkbox"/> WRAT | <input type="checkbox"/> Strong Campbell Interest | |
| <input type="checkbox"/> Beck | <input type="checkbox"/> WAIS | <input type="checkbox"/> Strong Campbell Work Values | |
| <input type="checkbox"/> Beck Depression | <input type="checkbox"/> Mullen Scales | <input type="checkbox"/> Family Environment Scale | |
| <input type="checkbox"/> Beck Anxiety | <input type="checkbox"/> Booklet Category | <input type="checkbox"/> MMPI-A | |
| <input type="checkbox"/> Beck Suicide | <input type="checkbox"/> Child Manifest Anxiety | <input type="checkbox"/> TABE | |
| <input type="checkbox"/> Beck Hopelessness | <input type="checkbox"/> CDI - Child Depression | <input type="checkbox"/> 16 PF | |
| <input type="checkbox"/> Beck Youth | <input type="checkbox"/> PPVT - Peabody | <input type="checkbox"/> HSPQ | |
| <input type="checkbox"/> SIT-R | <input type="checkbox"/> Gilmore Oral Reading | <input type="checkbox"/> HDI | |
| <input type="checkbox"/> MMPI-2 | <input type="checkbox"/> Slosson Drawing | <input type="checkbox"/> Children Personality Questionnaire | |

Other Tests

Comments

Release of Information