Community Mental Health Center of Crawford County
Psychiatric Diagnostic Interview (Intake Summary) 90801

Last name:		First name:		Middle initial:	
Intake Date:		Intake Clinician:			
Gender:		Race:			
Date of Birth		Age:		Marital Status	
Referral Source:					

Sources of Information:	

Presenting Problem:	Include Signs, Symptoms, Onset, Duration and Functional Impairment

Psychiatric History:			
☐ No Psychiatric Treatment History Reported			
Provider:	Date of Service:	Type of Service	Reason

Substance Abuse History:		
☐ No Substance Abuse History Reported		
If yes, specify type of substance, age of first use, amount at highest use, date of last use:		
Substance Abuse Treatment History:		
☐ No Substance Abuse Treatment History		
Provider:	Date of Service:	Type of Service:

Medical History:				
☐ No Medical History Reported	Allergies:			
Include developmental history if not within normal limits or explain other history:				
Current Medications (Include Psychotropic, Medical, Prescription, OTC, and Herbal)				
☐ None reported				
Current Medications & Dose	Prescribed by:	Medication for:	Compliance	
			Yes	No
			☐	☐
			☐	☐
			☐	☐

			☐	☐
			☐	☐

Primary Care Physician:	
Additional Information:	
Family Medical and Psychiatric History:	
☐ No Family Medical History Reported ☐ No Family Psychiatric History Reported	
If history is positive, report relationship and type of ailment:	

Family History:	

Educational History:			
Current or Highest Grade Completed:		Degree:	
Other education information:			

Military History:			
☐ No Military History Reported			
If Yes, Branch:		☐ Combat ☐ Non-Combat	
Other military information:			

Legal History:				
☐ No Legal History Reported				
Current Legal Status:	None reported			
Corrections Officer, If Applicable:				
Conditions:				
History of Legal Charges:				
Date	Juvenile	Adult	Type of Charge	Description of Sentence
	☐	☐		None
	☐	☐		None
	☐	☐		None
Other legal information:				

Employment History:	☐ Child, Not Applicable
☐ Full time Employed ☐ Part-time employed ☐ Unemployed ☐ Disabled ☐ Pending disability, Attorney:	
Other Employment Information:	

Abuse History:			
☐ No Abuse History Reported			
☐ Victim ☐ Perpetrator ☐ Alleged Perpetrator			
Type of Abuse:	Yes	No	If yes, Describe:
Sexual	☐	☐	
Physical	☐	☐	
Emotional/Neglect	☐	☐	

Mental Status:	
Orientation:	☐ Oriented x 4 ☐ Impaired person ☐ Impaired place ☐ Impaired time ☐ Impaired situation
General Appearance:	☐ Appropriate Hygiene/Dress ☐ Poor hygiene ☐ Overweight ☐ Underweight ☐ Eccentric
Sensory/Physical Limitations:	☐ No limitations noted ☐ Hearing ☐ Physical ☐ Visual ☐ Speech
Attitude:	☐ Cooperative ☐ Uncooperative ☐ Guarded ☐ Suspicious ☐ Hostile ☐ Apathetic
Mood:	☐ Calm ☐ Cheerful ☐ Anxious ☐ Depressed ☐ Fearful ☐ Labile ☐ Euphoric ☐ Irritable ☐ Guilty ☐ Hostile ☐ Histrionic ☐ Angry ☐ Marked mood shifts ☐ Other:
Affect:	☐ Congruent with mood ☐ Incongruent with reported mood ☐ Flat ☐ Restricted ☐ Blunted ☐ Detached ☐ Tearful ☐ Broad Range ☐ Other:
Speech:	☐ Within normal limits ☐ Loud ☐ Slurred ☐ Rapid/pressured ☐ Soft/mumbled ☐ Latency ☐ Monotone ☐ Animated ☐ Impediment ☐ Other:
Thought content:	☐ Within normal limits ☐ Grandiose ☐ Paranoid ☐ Tangential ☐ Flight of Ideas ☐ Circumstantial ☐ Disorganized ☐ Obsessive ☐ Ideas of Reference ☐ Blocking ☐ Racing ☐ Spontaneous ☐ Loose associations ☐ Other:
Memory:	☐ No impairment noted ☐ Remote impairment ☐ Recent impaired
Insight:	☐ Age appropriate ☐ Fair ☐ Poor ☐ Lacking
Cognition:	☐ No impairment noted ☐ Distractibility ☐ Indecisiveness ☐ Impaired abstraction
Perceptual:	☐ No impairment noted ☐ Visual Hallucinations ☐ Auditory Hallucinations ☐ Delusional ☐ Olfactory Hallucinations ☐ Kinesthetic Hallucinations ☐ Depersonalization ☐ Derealization ☐ Other
Behavioral/Motor Activity:	☐ Within Normal Limits ☐ Poor eye contact ☐ Lethargic ☐ Self destructive ☐ Catatonic ☐ Feigning of symptoms ☐ Tense ☐ Compulsive ☐ Loss of interest ☐ Withdrawn ☐ Tremors/tics ☐ Aggression ☐ Agitated ☐ Impulsive ☐ Avoidance ☐ Bizarre ☐ Restless ☐ Overactive ☐ Repetitions ☐ Disorganized ☐ Uncoordinated ☐ Decreased energy/fatigue ☐ Increase social, occupational, sexual behavior ☐ Other
Eating/sleep disturbance:	☐ No disturbance noted ☐ Increased appetite ☐ Decreased appetite ☐ Weight gain/loss _____#/_____time ☐ Binge eating ☐ Pica ☐ Purging ☐ Laxative abuse ☐ Hypersomnia ☐ Insomnia ☐ Encopresis ☐ Enuresis ☐ Nightmares/Night terrors ☐ Other
Anxiety Symptoms:	☐ Within normal limits ☐ Generalized anxiety ☐ Panic attacks

	☐ Fear of social situations ☐ Obsessions/compulsions ☐ Hyperviligilance ☐ Relieving traumatic events ☐ Avoidance of environment
Conduct Disturbance:	☐ Conduct appropriate ☐ Stealing ☐ Lying ☐ Truancy ☐ Running away ☐ Projects blame ☐ Vindictive ☐ Fire setting ☐ Short tempered ☐ Defiant ☐ Cruelty to animals or people ☐ Violent behavior ☐ Destructive to others or property ☐ Argumentative ☐ Other:
Impairment of functioning:	☐ No impairment noted ☐ Not attending school or work ☐ Impairment in occupational functioning ☐ Impairment of academic functioning ☐ Impairment of interpersonal relationships
Interpersonal Characteristics:	☐ No significant traits noted ☐ Exploitive ☐ Entitled ☐ Inability to sustain consistent work behavior ☐ Perfectionist ☐ Self-centered ☐ Avoidant of relationships ☐ Procrastinates ☐ Excessive devotion to work ☐ No close friends ☐ Poor choices in relationships ☐ Indifferent to others ☐ Expects to be harmed or exploited by others ☐ Unstable, intense relationships ☐ Persistent emptiness ☐ Manipulative ☐ Seeks praise
Judgment:	☐ Good ☐ Fair ☐ Marginal ☐ Impaired

Risk Assessment:	
Current Danger to Self:	☐ None ☐ Ideation ☐ Plan ☐ Threat ☐ Gesture/Attempt ☐ Intent with means ☐ History ☐ Intent with means ☐ Risk aggravated by substance abuse ☐ Able to contract no self harm If yes, explain:
Current Danger to Others:	☐ None ☐ Ideation ☐ Plan ☐ Threat ☐ Gesture/Attempt ☐ Intent with means ☐ History ☐ Intent with means ☐ Risk aggravated by substance abuse ☐ Able to contract no harm If yes, explain:

Provisional Diagnosis:		
Axis	Diagnosis Code	Diagnosis
I		
II		
III		

Axis IV: Problems With (Check all that apply)	
☐ Primary Sup. Group:	☐ Housing:
☐ Social Environment:	☐ Economic:
☐ Education:	☐ Access/Health Care:
☐ Job/Occupation:	☐ Legal/Crime:

☐ Other:			
Axis V:	**Current GAF:**	**Highest GAF Last yr.**	**Prognosis:**
Diagnostic Impression:			

Strengths:	
Barriers:	

Treatment Plan:			
Treatment Plan Goal:			
Treatment Plan Objective:			
Staff Signatures:			
Intake Clinician Signature/Credentials		Medical Director Signature	
Treatment Team Signatures:		Review Date:	