| Psychiatric Interview | |
|-----------------------------|---|
| Date & Location: | |
| Identifying Patient Data: | |
| Chief Concern: | |
| History of Present Illness: | |
| | |
| Past Psychiatric History: | Past Medical & Surgical History: |
| First Contact: | |
| Diagnosis: | |
| Prior hospitalizations: | Allergies: |
| Suicide attempts: | Current Medications: |
| Outpatient treatment: | |
| Med Trials: | |
| | Developmental History: |
| Substance Use History: | Pregnancy & birth |
| Alcohol | Milestones on time? |
| Drug use | Thousand on time. |
| Nicotine / tobacco / vaping | Contal History |
| Treatment History | Social History |
| DUI? Legal problems? | Relationships (children / marital status) |
| | Education |
| Past Family History: | Work history |
| Medical: | Military history |
| Psychiatric: | Housing |
| Hx of suicide attempts? | Income |
| | Religion |

Legal History: