

RFTA | Rise From the Ashes
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**CONFIDENTIAL- BEHAVIORAL HEALTH
INTERVIEW FORM**

Name: _____ Sex: _____ Birth Date: _____ Age: _____

Address: _____

Home Phone: _____ Ok to leave message

Cell Phone: _____ Ok to leave message

Work Phone: _____ Ok to leave message

Email: _____ Ok to send message

Emergency contact name: _____ Phone: _____

Who is your primary care doctor: _____

Who is your therapist (Mark "N/A" if not applicable): _____

Length of time in treatment: _____

Who is your psychiatrist (Mark "N/A" if not applicable): _____

Length of time in treatment: _____

Behavioral/Mental health diagnoses (Current and Past):

Medications and dosage (Mark "N/A" if not applicable):

Are there things you would not feel comfortable talking about with your attorney? If so, what are they? _____

Would you like your counselor to help you communicate with your attorney? _____

Do you have any fears/worries or feel uncomfortable talking with a counselor? _____

Does the individual you're leaving have any Behavioral/Mental health diagnoses? If so, what are they? _____

Does the individual you're leaving take any medications? If so, what are they and dosage?

Does the individual you're leaving have a psychiatrist or therapist? If so, whom?

Does the individual you're leaving use/abuse drugs?
