

**RFTA | Rise From the Ashes**  
**P.O. Box 91**  
**Plainfield, Illinois 60544**

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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?

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