

Adult Intake Interview

Client's Name: Jeffrey Bodin
Client's DOB:

DOE: 11/8/2019
Client's Sex: M

9:20-10:18

Testing: 10/18-12:03

Presenting Problem

What has brought you here today?

Follow up
Asked for testing by govt & by LSH
On SS, want testing
On SS for Nardapsy & cluster migraine headache, neuropathy
Hx of Melanoma, currently in remission (since last yr)
Dx of Melanoma when 10y/o.

Wkg at LSH
dropped out in 2017
out of school

wants to go to
online classes in
the future.

Assumed that he
can't do it so decided.

How long has this been a problem?

Did anything change in your life around the time the problem began?

Why are you seeking an evaluation now?

History of the Presenting Problem

How often does the problem occur? How has the problem changed over time?

What have you tried to alleviate the problem? What has been successful or unsuccessful?

Similar incidents in the past? When? How long? Did it remit?

Have you ever been evaluated before? (When? Reason? Who? Results?)

Have there been other similar episodes in the past? When? For how long?:

A lot of issues @ home abuse, neglect
mom didn't take it well that she had to care for him

Dr. Shoppal & try to find another dr who agreed he didn't have
narcolepsy

Have you had other psychiatric problems? What? When? Any treatment?
No.

Mom stopped taking care of him & home

Lives w/ both parents

In 2017

Wasn't feeling him in fall 2017
Stole medication @ grandparent

Developmental/Medical History

Did your mother smoke, drink, or use drugs during her pregnancy?
No.

Was at a psychiatric facility for 1 day, ma didn't want to bring him home - Social services were involved.

Do you have history of motor or speech difficulties (as a child)? Did you ever need PT, OT, or speech therapy?

Speech therapy when 5 y/o

PT/OT for injuries, surgeries from cancer, in PT for shoulder

Current and past medications:

Name of medication	Dosage	Condition prescribed for	Prescribed by whom	Dates taking medication
Stresser Sunosi	75 mg 1x a day	Narcolepsy		
Adderall	40 mg	ADHD		

On Northshore

Is there a family history of psychiatric difficulties or substance abuse difficulties? (Also: developmental problems, speech/language, hyperactivity, MR, behavioral problems, learning problems, emotional difficulties, genetic disorders)

No.

History of (allergies, allergic reactions, hospitalizations, head injuries/concussion, high fevers, dizziness, seizures, surgeries, exposure to lead/toxins):

Latex allergy
Bad seasonal allergies

No.

Any current medical problems?

Narcolepsy - dx in 2015
 June 2008 sx were there - migraines
 neuropathy

Date of last physical exam: _____

Eating or sleep disorders or disturbances? Recent gain/loss of weight?:

Educational History

How did you perform in school? Special classes? Repeated grades? Number of friends?

Highest educational attainment? *Some college*

Currently in school? What are you studying?

No

Substance Use History

Hx of and current substance use/abuse by family members. Treatment history for family members:

Denial

Client's substance use/abuse: *denial*
 All drugs used/tried:

Have you used injected drugs?:

Any blackouts?

Treatment hx:

Consequences of drug use: (losses, DUI's, relationships, etc.):

Family History

Where did you grow up? *Northshore*

(If not from LA) When did client move to Louisiana?

Who do you live with?

Parents

Sister (19) - Stephanie

Not much of a relationship w/ anyone, I'm asleep the whole day

Who was in your family growing up?

Brief personality description of family members:

Quality of relationships with family members:

Gets along ok w/ family

Not close to them

Any factors in client's original family that contribute to the client's problem: (deaths, illnesses, losses, domestic violence)

Are there any cultural, spiritual, or social variables that influence client's/family's grief response:

Is there a hx of psychiatric difficulties in the family

Who is in the client's current family:

Parents
Sister

Any factors in client's current family that contribute to the client's problem: (finances, abuse, substance abuse)

Social History

Number of friends

Try to talk to ppl daily but not a lot

friends from HS
& some online friends

Current support system:

Nobody

Has gone to therapy
for familial issues
Can't feed self / provide for self

Are you employed? What do you do?

No

Employment history: (age at first job, types of jobs, longest job, etc.)

No. - Can't volunteer either too much of a liability & narcolepsy

Client's leisure/recreational activities:

Video games - Was in College for Computer Science
Reading

Does the client have a hx of anti-social behavior: (cruelty to animals, fire setting, property destruction, etc.)

No.

Have you had any involvement with DC&F?

Have you been involved with the legal system (arrests, charges, incarceration)?

Have you been in the military/ branch/ outcome: No.

What's your sexual orientation?

How many significant relationships has the client had: (age of client, age of SO, length of relationship, reason for breakup)

Never dated - Not interested.

Number and ages of children

N/A

Client's history of verbal, physical, or sexual abuse: (type, perpetrator, age, duration)

Mom screams but not usually demeaning. - It's more nonsense & come out of nowhere
St would hit him (when having breakdown) - did it 2x (2/06)
Doesn't feel unsafe currently but did in past

Is any abuse still occurring?

What measures will be taken to ensure your safety?

Special Considerations

Assessment of Pain:

All of us have had pain at one time or another, such as minor injuries, headaches or toothache.

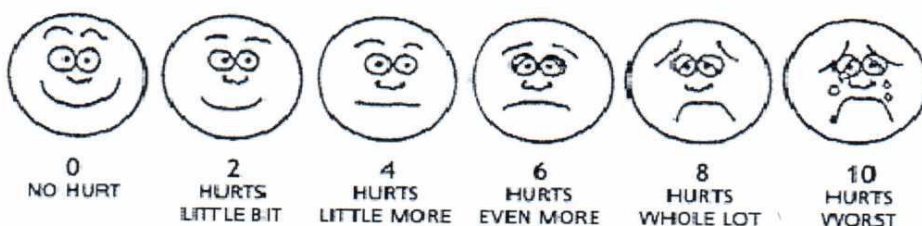
1. Have you had pain other than these everyday kinds of pain in the past month?

Yes No

If so, describe your pain: _____

2. Please rate your pain and identify where your pain is located. Please circle one.
Head Shoulder Neck Back Stomach Legs Other _____

0 1 2 3 4 5 6 7 8 9 10
No Pain Pain as bad as you can imagine



3. How long have you had this pain?
4. How does this pain affect your daily living, such as with work, social relationships, mood, sleep?
5. Are you currently being treated for pain and/or taking any pain medication, and if so, what?

Assessment of Learning Needs:

1. How do you best learn? Visual Verbal Hands On No Preference

2. Are there ways that you have difficulty learning?

3. Do you have or have you had any problems in school?

In HS pretty exceptional but missed a lot b/c of cancer
Graduated from HS @ 3.7 - @ top of class - St. Paul HS

4. Any history of speech/language difficulties?

5. Have any family members had problems in school?

6. How do any family members involved in your treatment best learn?

Visual Verbal Hands On No Preference

Could I make it to closer bc of ~~work~~ involvement

Assessment of Spirituality and Cultural Concerns:

1. Do you have any religious or spiritual beliefs that influence your daily life: If yes,

2. Given these beliefs, how do you feel about coming here for therapy? (ie, some feel guilt for going outside of the church or spiritual group)

3. What cultural group or groups do you identify with?

4. Are there any specific needs that come to mind regarding your culture that would affect your treatment here?

MENTAL STATUS EXAMINATION: (check all that apply)

Appearance: Casual Appropriate Bizarre Disheveled Poorly Groomed

Orientation: Time Place Person Situation
Specify Disturbance:

Consciousness: Alert Clouding Drowsy Vegetative
Specify Disturbance:

Speech: Appropriate Rapid Slow Pressured
Comment:

Attitude: Cooperative Attentive Defensive Seductive Hostile Guarded
Playful Evasive Irritable Good Eye Contact Poor Eye Contact
Comment:

Activity Level: Appropriate Agitated Restless Psychomotor Retardation
Pacing Tremulous
Comment:

Thoughts: Appropriate Logical Coherent Relevant Inhibited Blocked
Irrelevant Loose Association Flight of Ideas Word Salad
Circumstantial Tangential Ideas of Reference

Hallucinations: Auditory Visual Olfactory Tactile None

Delusions: Grandiose Paranoid Illusions
None Specify any of the above:

Memory: Intact Recent Memory Deficits Remote Memory Deficit Amnesic
 Immediate Retention Deficit Could Not Assess
 Comment:

Emotions: Appropriate Broad Expression Flat Affect Intense Affect Depressed
 Irritable Angry Fearful Guilty Manic Grandiose Agitated
 Euphoric Anxious Other (specify): _____
 Comment:

Estimated Intelligence: Average Above Average Below Average Deficits Noted:

Concentration: Good Poor Easily Distractible Can do Serial 7's Not Evaluated

Preoccupations: Suicide Homicide Illness Obsessions Compulsions
 (circle if none) Fears Somatic Complaints Specify:

Abstract Thinking: Appropriate Concrete Not Formally Assessed Specify:

Social Judgment: Appropriate Harmful Unacceptable Unknown Comment:

Insight: Good Weak Denial Blames Others Comment:

Impulse Control: Intact Poor Unknown Comment: