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# Client Profile: Interviewer Notes

## **INCLUDE + INTERVIEW + ACKNOWLEDGE + REFER = RESOURCE AND SUPPORT**

When the professional includes, interviews, acknowledges and refers family members, family members become a resource and support to both the client and the professional.

The Client Profile questionnaire is a three-page format designed to create an easy flow of clear, concrete information between the client and their family, and the mental health professional. The client and their family may be interviewed together or individually.

### **Page One**

- Identification Information including Photo  
A photograph from the family gives a good historical picture of the client.
- Key Family Members, Parents and Siblings, Key Contact  
Addresses, emails, and phone numbers of parents, siblings are listed. Key contact person for information or in case of emergency.
- Current Care Providers  
Physician, Psychiatrist, Ophthalmologist, Mental Health Professional, Dentist, and any other health care provider's contact information is important and can be provided by family members.

### **Page Two**

The second page of the Client Profile describes identification, diagnosis, and health history. A medical alert describes important information about existing or past conditions. The behavioral alert describes existing or past problems, i.e. anger management, substance abuse. Allergies, medication information, and other regimes are all important healthcare information. History of hospitalizations and incarcerations can also be provided by family.

### **Page Three**

The third page of the Client Profile is designed to elicit social and education information about the client from the family. Specific problems and treatment, successful and/or unsuccessful, can also be discussed. Families often know what has and hasn't worked.

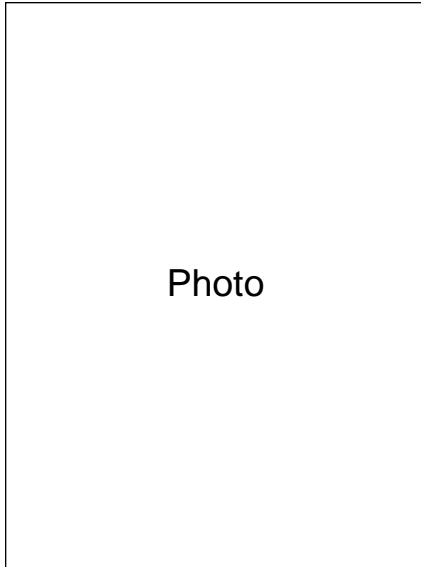
### **Post Script to Professionals from a Family Psychiatrist**

Psychiatrist Thomas Henley, director of a community mental health clinic in southern California, states, "Unfortunately, the popular method of therapy suggests that including the family and patient jointly in the clinical setting is somehow 'out of the norm'. However, if the professional begins with open communication and structures (joint interviews) as routine, the therapist can take care of any future problems, by indicating in their remarks to the patient at the outset, that the family members are invited to participate . . . the professional needs to structure the assessment and interview so it favors inclusion of the family. An important benefit is . . . the family member as a witness to important communications regarding medication, crisis services etc. . . . We as professionals cannot let the overly strict interpretation of confidentiality prevent us from providing good initial assessment to the patient and their family."



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# Client Profile



## Identification Information:

Name: \_\_\_\_\_

D.O.B.: \_\_\_\_\_

SS#: \_\_\_\_\_

Medicaid#: \_\_\_\_\_

Case#: \_\_\_\_\_

Current Residence: \_\_\_\_\_

\_\_\_\_\_

Last Residence: \_\_\_\_\_

\_\_\_\_\_

## Key Family Members:

Parents \_\_\_\_\_

Siblings \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Key Contact:** \_\_\_\_\_

## Current Care Providers:

Physician: \_\_\_\_\_

Mental Health: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Psychiatrist: \_\_\_\_\_

Dentist: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Ophthalmologist: \_\_\_\_\_

Other Health Care: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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# Client Profile

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Sex: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Language: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of Last Exam: \_\_\_\_\_

Medical Alert: \_\_\_\_\_

Behavioral Alert: \_\_\_\_\_

Allergies: \_\_\_\_\_

Current Medication:	Dosage:	Date Began:
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____

Side Effects: \_\_\_\_\_

Previous Medications/Side Effects: \_\_\_\_\_

Other Regimes (i.e.) special diet, vitamin therapy: \_\_\_\_\_

Hospitalizations:	Dates/Locations:	Explanation:
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____

Incarcerations:	Dates:	Locations:
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____



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# Client Profile

Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Historical Chronology: (submitted by client and family)

*Attach complete history of illness or summarize below*

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Accomplishments: \_\_\_\_\_

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Skills or Talents: \_\_\_\_\_

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Education: \_\_\_\_\_

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Specific Problems:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Treatment:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Comments:

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