

REHABILITATION PSYCHOLOGY/VOCATIONAL EXPERT'S
CLINICAL INTERVIEW FORM

Patient _____ D.O.B. _____ (Age) D.O.A. _____ D.O.I.C. _____

Type of Litigation _____ Referral/Source _____

Diagnosis _____ Interviewer _____

Educational Level _____

DATA BASE (Background Information):

- A. Medical (Factors preceding trauma/event, including dates, circumstances or onset, previous hospitalizations, secondary medical and/or psychological problems, medications taken, smoking, drinking, et cetera.)

A. Medical (continued)

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B. Family (Details of nuclear and extended family, including relevant factors of marriage, children, siblings, et cetera; note degree to which family will be supportive. Residence/address and any problems with architectural design.)

B. Family (continued)

- C. Vocational/Educational/Socio-Economic (Level, field, length of employment; ability to return to occupation, job change, job adjustment, job choice; educational level; source of income, i.e., SSDE, DPA, Pension, Workers' Compensation, et cetera; insurance coverage, et cetera.)

C. Vocational/Educational/Socio-Economic (continued)

D. Transportation Capabilities:

1. Ability to Operate Automobile

a. Drove prior to disability: Yes _____ No _____

b. Ability to resume operation of an automobile:

1) Cannot resume driving _____

2) Requires driver's evaluation to determine feasibility _____

3) Can resume driving but requires training _____
or adaptive devices _____ or both _____

4) Can resume driving without qualification _____

Comments:

2. Ability to Use Public Transportation

a. Good _____ Adequate _____ Poor _____ (Comment on Problems):

b. Requires Much Assistance _____ Moderate Assistance _____ Independent _____
(Comment on Problems):

E. Manipulation Skills (Upper Extremities Functions)

1. Laterality: Right _____ Left _____ Ambidextrous _____

2. Gross Manipulation (Turning, grasping, reaching, handling, et cetera)

a. Right Hand: Good _____ Adequate _____ Poor _____

b. Left Hand: Good _____ Adequate _____ Poor _____

c. Bi-Manually: Good _____ Adequate _____ Poor _____

3. Fine Manipulation (Finger dexterity)

a. Right Hand: Good _____ Adequate _____ Poor _____

- b. Left Hand: Good____Adequate____Poor____
- c. Bi-Manually: Good____Adequate____Poor____

4. Visual-Motor Coordination (Eye-Hand Integration)

- a. Right: Good____Adequate____Poor____
- b. Left: Good____Adequate____Poor____
- c. Bi-Manually: Good____Adequate____Poor____

5. Legibility of Penmanship (Either script and/or printing)

6. Ability to use instruments of previous occupations (tools, typewriter, computers, et cetera)

7. Comments:

F. Locomotion & Balance

1. Independent Ambulation: Good____Adequate____Poor____

2. Ambulation with Orthosis and/or Prosthesis: Good____Adequate____Poor____

3. Gait: Good____Strained____Poor____Non-Weight Bearing____

4. Wheelchair Level: Independent____Dependent____

Comment:

5. Trunk Balance: Stable____Tenuous____Unstable____

Comment:

6. Standing Balance: Stable____Tenuous____Unstable____

- a. Bend

- b. Kneel
- c. Squat
- d. Comments:

G. ADL Capabilities

1. Dressing: Independent____Assistance____Dependent____
Comment on Problems:

2. Bathing: (Bath, Shower, Sponge) Independent____Assistance____Dependent____
Comment on Problems:

3. Toileting: Independent____Assistance____Dependent____
Comment on Problems:

4. Feeding: Independent____Assistance____Dependent____
Comment on Problems:

5. Household Chores: Independent____Assistance____Dependent____
Comment on Problems:

6. Marketing: Independent____Assistance____Dependent____
Comment on Problems:

7. Cooking: Independent____Assistance____Dependent____
Comment on Problems

H. Limitations, if any, imposed by health professional

I. Clinical Impressions & Observations

1. Physical Appearance: Height _____ Weight _____

a. Comment on weight gain or weight loss:

b. Comment on eating patterns, special diets, et cetera:

2. Grooming: Neat _____ Acceptable _____ Poor _____

a. Hospital Attire: Neat _____ Appropriate _____ Slovenly _____

b. Street Attire: Neat _____ Appropriate _____ Slovenly _____

Comments:

3. General Physical Impression: Good _____ Adequate _____ Poor _____

Chronological Appearance – Older Than Age _____ Age _____ Younger Than _____

Skin Tone: Wrinkled _____ Fair _____ Good _____

Pallor: Poor _____ Acceptable _____ Healthy _____

Energy Level: Fatigued (Lethargic) _____ Acceptable _____ Energetic _____

Comments:

4. Sleep Patterns: Good _____ Adequate _____ Poor _____

Difficulty falling asleep: Rarely _____ Occasionally _____ Frequently _____

Difficulty Remaining Asleep: Rarely____Occasionally____Frequently____

Awakened By: Pain____Urinary Urgency____

Comments:

5. Sexual Functioning: Good____Adequate____Poor____
Pre-morbid Frequency: Times Per Week____Times Per Month____

Present Frequency: Times Per Week____Times Per Month____

Noted Sexual Problems: Impotency____Frigidity____Premature Ejaculation____
Vaginismus____Prolonged Ejaculation____Other_____

Comments:

6. Communication Skills:

a. Degree of Responsiveness: Mute____Non-Committal____Verbose____Appropriate____

b. Ideation: Lucid & Coherent____Confused____Disoriented____

c. Used of Language: Good____Average____Poor____(if poor, indicate)
Educational Deficits____Cultural Deficits____Both____

d. Speech Patterns: Mature____Adequate____Poor____

1) Impediment (Note type- aphasic, apraxic, et cetera)

Comments:

7. Affection: (Emotional Responsiveness)

a. Mood: Manic____Manic-Depressive____Depressive____Appropriate____

b. Degree of Animation: Bland____Appropriate____Inappropriate____Bizarre____

- c. Level of Anxiety: Appropriate _____ Inappropriate _____
- d. Reaction to Stress: Appropriate _____ Inappropriate _____
- 1) Defense Mechanism Employed: Rationalization _____ Projection _____
Regression _____ Repression _____ Withdrawal _____ Denial _____
- Other (Indicate) _____
- e. Understanding the Purpose of the Interview: Yes _____ No _____ Superficial _____
- f. Need for Support: Maximum _____ Average _____ Minimum _____
- g. Establishment of Rapport: Yes _____ No _____ Superficial _____
Comments:

8. Cognition: (Memory, Attention Span, Concentration, et cetera)

9. Orientation:

- a. To Person: Good_____Adequate_____Poor_____
 - b. To Place (spatial): Good_____Adequate_____Poor_____
 - c. To Time (temporal): Good_____Adequate_____Poor_____
- Comments:

10. Socialization:

- a. Life Space: Constricted_____Somewhat Reduced_____Good_____
 - b. Hobbies (Indicate):
 - c. Organizational Memberships:
- Comments:

11. Religious Attendance:

- Regularity of Attendance: Frequent_____Occasional_____Rarely_____
- Comments:

12. Personal Habits:

Tobacco (Frequency of Consumption):

Alcoholic Beverages (Frequency of Consumption):

Substance Abuse (Type and Frequency):

13. Criminal Record (if any):

J. Additional Comments (if any):

J. Additional Comments (continued)