



INITIAL INTERVIEW FORM

DATE: _____ INTERVIEWER: _____ SESSION: _____

CLIENT INFORMATION

NAME: _____ DOB: _____

MALE FEMALE SOCIAL SECURITY#: _____

ADDRESS: _____

PHYSICAL ADDRESS: _____

PHONE NUMBER: _____ MESSAGE NUMBER: _____

TRIBAL AFFILIATION: _____ CENUS NUMBER: _____

COURT ORDER: YES	NO	PROBATION/PAROLE: YES	NO
SELF: YES	NO	VETERAN: YES	NO

REFERRING AGENCY:

CONTACT NAME: _____ PHONE NUMBER: _____

REASON/PROBLEM: _____

NCI Brochure given to client/relative