



Initial Interview Form

Date: _____ Interviewer: _____

Client Information

Received HBS Program Pamphlet

Name: _____ DOB: _____

Veteran: Yes No Social Security# _____

Address: _____

Physical Address: _____

Telephone Number: _____ Work Number: _____

Employer _____ School _____

Emergency Contact #/Relation: _____

Marital Status: Married Divorced Separated Single

Census Number _____ Tribal Affiliation _____

Court Order:	Yes	No	Probation/Parole:	Yes	No
Self Referral:	Yes	No	Male	Female	

Referring Agency: _____

Contact: _____ Phone _____

Presenting Problem _____

