

File 101

Case No.: _____

Date: _____



INTERVIEW FORM

Informant: _____

Relation: _____

I. PERSONAL DATA

% Reliability: _____

Name: _____

Surname

First Name

Middle Name

Address: _____

Number

Street

Subdivision

Barangay

City

Age: _____ Sex: _____ Civil Status: _____ Citizenship: _____ Religion _____

Height: _____ Cms. Weight: _____ kgs. Hair: _____ Complexion: _____ Eyes: _____ Birth Order _____

Birth Date: _____ Birth Place: _____ Contact no/s: _____

Occupation: _____ Company: _____ Monthly Income: _____

If Married – Name of Spouse: _____ Status: _____ No. of Siblings: _____

Occupation: _____ Company: _____ Income: _____

If Minor – Student: _____ OSY: _____

II. FAMILY DATA

Name of School

Year and Section

Father's Name: _____ Occupation: _____ Age: _____

Educational Attainment: _____ Monthly Income: _____

Mother's Name: _____ Occupation: _____ Age: _____

Educational Attainment: _____ Monthly Income: _____

Marital Status: _____ Total no. of siblings: _____ Male: _____ Female: _____

III. EDUCATIONAL DATA

Name of School

Year Attended

Remarks

Elementary: _____

High School: _____

College: _____

Post Graduate: _____

Vocational: _____

IV. DRUG TESTING HISTORY

Any Drug Test Done ? None _____ If yes, how many times _____ Purpose _____

Last Drug Testing Done: Date: _____ Result: _____

Cannabis Methamphetamine

Confirmed Postive ? Yes _____ No _____

V. SUBSTANCE USE HISTORY

Age started using drugs _____

Reason/s for using drugs _____



LET'S ALL JOIN HANDS...FIGHT DRUG ABUSE

Type of Drug	Age started	Dosage	Frequency	Last use	Route of Use
Cigarette	_____	_____	_____	_____	_____
Alcohol	_____	_____	_____	_____	_____
Cannabis	_____	_____	_____	_____	_____
Methamphetamine	_____	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____	_____
Cough Syrup	_____	_____	_____	_____	_____
Tranquilizers	_____	_____	_____	_____	_____
Solvent/Rugby	_____	_____	_____	_____	_____
Others	_____	_____	_____	_____	_____

VI. MEDICAL HISTORY

Hospital History: None _____ if yes, how many times _____ Where? _____
 Medications: _____

Psychiatric History: None _____ if yes, how many times _____ Where? _____
 Last Hospitalization: _____ Date: _____ Diagnosis: _____
 Medications: _____

Drug Rehabilitation: None _____ if yes, how many times _____ Where? _____
 Last Confinement: _____ Date: _____ Diagnosis: _____
 Medications: _____

OTHER INFORMATION

Organization/club/gang to which clients is affiliated: _____

Civil Case History: None _____ if yes, how many times _____ What? _____
 Previous Case: _____ Date: _____

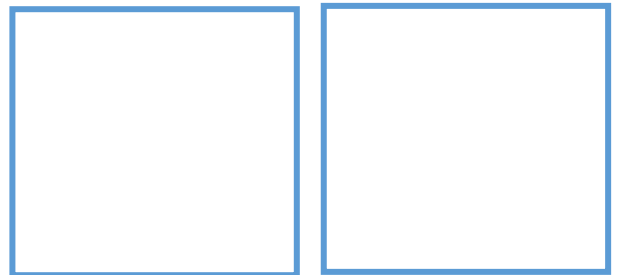
Military Case History: None _____ If yes, how many times _____ What? _____
 Previous Case: _____ Date: _____

Criminal Case History: None _____ If yes, how many _____ What? _____
 Previous Case: _____ Date: _____

REMARKS: _____

INTERVIEWEE: _____
 Name and Signature

INTERVIEWER: _____
 Name and Signature



LEFT RIGHT
 THUMB MARK

RECOMMENDATIONS: OUT-PATIENT _____ TX AND REHABILITATION _____
 Regular Mental NEW Old
 MENTAL HYGIENE _____ DSWD/REFERRALS _____ DRUG FREE _____

VII. BODY MARKINGS



LET'S ALL JOIN HANDS...FIGHT DRUG ABUSE