

# INITIAL INTERVIEW

The basis of this first contact is to establish a professional relationship with the client. You want to try and gather as much information as possible to determine where they are in the healing process, if at all. The answers to these questions are completely voluntary and should be held in strict confidence, except where harm could come to the client or others. Use this form only as a guide. Ask open ended questions throughout your conversation. If you have your own story to share, then share it. It will encourage the client to be more open to share his story.

## CONTACT INFORMATION

Name:	Birthdate:	Date:
Address:		
City:	State:	Zip:
Home Phone:	Second Phone:	
Email Address:		

## FAMILY INFORMATION

Marital Status: <input type="radio"/> Married <input type="radio"/> Single <input type="radio"/> Divorced <input type="radio"/> Widowed <input type="radio"/> Living With Someone	
Name of Spouse/Partner:	Years Together:
Names/Ages of Any Children:	
What and how is your relationship with the mother?	
How is your relationship with other family members and friends?	

## LIFESTYLE INFORMATION

Employment:	Years There:
Education:	
Hobbies/Interests:	

## ABORTION INFORMATION

When was the abortion?	
Where did it take place?	
Were you part of the decision making process?	<input type="radio"/> Yes <input type="radio"/> No
Did you take the mother to the clinic yourself?	<input type="radio"/> Yes <input type="radio"/> No
What was your initial reaction after the abortion?	
When and how did you realize you were suffering from post-abortion syndrome?	

**SYMPTOMS OF POST-ABORTION SYNDROME** *(This is Only a Partial List)*

Are you suffering from any of the following symptoms?  
Rate each symptom on a scale of 1 to 10, 1 being "not at all" and 10 being "all the time".

_____ Excessive Anger	_____ Helplessness	_____ Confusion
_____ Anxiety/Panic Attacks	_____ Insomnia	_____ Nightmares
_____ Lack of Concentration	_____ Excessive Worrying	_____ Isolation
_____ Promiscuity	_____ Impotence	_____ Avoidance
_____ Lack of Trust	_____ Sadness/Depression	_____ Guilt
_____ Sudden Mood Changes	_____ Communication Problems	_____ Fear
_____ Risk Taking *	_____ Substance Abuse *	_____ Suicidal Thoughts *

*\* Depending on the severity of these symptoms, you may need to contact the authorities to prevent harm to himself or to others. Never attempt to "rescue" these people yourself. Leave that to the trained professionals.*

**RECOVERY INFORMATION**

Are you currently in counseling?  Yes  No

Have you sought any kind of counseling in the past?  Yes  No

Are you currently on any medications?  Yes  No

People in recovery can be difficult to live with. Does your family support your recovery?  Yes  No

What do you hope to get out of your recovery?

**RELIGIOUS AFFILIATION**

Do you attend a church? If so, where?  Yes  No

How often do you attend?

**OTHER NOTES**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FINAL THOUGHTS**

Describe what you feel was the outcome of this interview. What is the next step? Will you continue having phone conversations, or will you meet one-on-one regularly, or will he join a bible study or support group?

\_\_\_\_\_  
\_\_\_\_\_

If you agree to stay in touch with the client, when is the next confirmed date you will contact him: