



HOPE REVEALED

BEHAVIORAL HEALTH CENTER INC.

"Healing yesterday, giving hope for tomorrow"

Young Adult Information Form

Note: Unless there is a serious risk of injury to you or someone else, the information on this form is confidential. It will not be discussed with your parents without your consent.

Your Name: _____

Nickname? _____

Today's Date: _____ Your Age: _____

Your Phone #: _____

Your Address: _____

Health

How tall are you? _____ What do you consider your ideal weight? _____ Has your weight changed more than 10 pounds in the last year? No Yes If Yes, How much? _____

Why? _____

What physical or medical problems do you have now, or have you had in the past?

Family

Birth parents' names: _____ and _____

Address: _____

Phone #: _____

Present parents'/guardians' names: _____ and _____

Address: _____

How would you describe your parents' relationship?

What kinds of problems are you having with:

Parents/stepparents/guardians?

Parents' live-in friends or boyfriends/girlfriends?

Brothers or sisters (or stepbrothers or stepsister)?

School

Which school do you go to? _____

Grade level/year: _____

How are your grades?

Problems in school?

Work

Do you work? No Yes If Yes, how many hours a week? _____

What do you do? _____

Problems there?

Friends

Who are your close friends (names and ages)?

Do you have a serious one-on-one relationship now? No Yes

Do you party? _____

If so, when and where? _____

Previous Counseling

With whom? _____

When? _____

For what? _____

With what results? _____

2.

With whom? _____

When? _____

For what? _____

With what results? _____

Concerns

Would you like information or answers on: Sex (of any kind) Birth control Alcohol Drugs Relationships

Other concerns: _____

How important is religion to you and/or your family? _____

If so, in what ways? _____

What worries or upsets you?

What makes you happy?

Why do you think you are here? Please tell me in your own words.

What would you like to see happen or change because of this counseling?

What would you like me to let your parents know?

What else is important for me to know?

What would you like me to ask you about?

Signed: _____

Date: _____