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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 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: _____ Phone # _____

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 stepsisters)?

(cont.)

School

Which school do you go to? _____ Grade level/year: _____

How are your grades? _____

Problems in school? _____

_____

Work

Do you work? ❑ No If so, 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

1. 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. If so, which? _____. ❑ 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:_____

This is a strictly confidential patient medical record. Redisclosure or transfer is expressly prohibited by law.