

Young Adult Information Form

Attention: 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: _____ Today's date: _____ Your age: _____
Your address: _____ Phone: _____

Health

How tall are you? _____ How much do you weigh? _____

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

Family

Birth Parents' names: _____ and _____
Address: _____ Phone: _____

Present primary guardian's names: _____ and _____

How would you describe your parents' relationship?:

What kind of problems are you having with:
Parents/stepparents/legal guardians?

Parents' live-in friends or boyfriends/girlfriends?

Brothers or sisters (or step-siblings)?

School

Which school do you go to? _____ Grade: _____

How are your grades? _____

What kind of problems do you face at school? _____

Work

If you are employed, where do you work? _____

Do you have any conflicts there? _____

Friends

What are the names and ages of your closest friends? _____

Are you in a one-on-one relationship right now? _____

Previous Counseling

With whom? _____ When? _____

For what? _____

What do you feel the results were? _____

Concerns

Would you like information on: () Sex () Alcohol () Drugs () Birth control

() Relationships Other: _____

Is religion important to you and/or your family? () Yes () No

If yes, in what ways? _____

What worries you or upsets you? _____
