

Birchtree Psychology
30 Sever Street
Worcester, MA 01609

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 or anyone else without your consent.

Your name: _____

Today's date: _____ Your age: _____ Date of Birth:

Your phone #: _____

Is it okay to leave you a message? Yes No

Email address:

Home 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

Parents' names:

Parents' Address:

Parents' Phone:

How would you describe your parents' relationship with each other and with you?

School

Which school do you go to?

Grade level/year:

How are your grades?

Are you having any problems in school?

Work

Do you work?

If so, how many hours a week?

What do you do?

Are you having any problems there?

Friends and Relationships:

Do you have close friends your age?

Do you have a serious one-on-one relationship now?

Are you happy with your friendships and romantic relationships?

Previous counseling

Have you had any previous counseling?

1. With whom?

2. When?

3. For what purpose?

4. With what results?

Concerns

Would you like information or answers about:

Sex (of any kind)

Birth control

Alcohol

Drugs

Relationships

Other concerns:

What worries or upsets you?

What makes you happy?

Why did you come in today?

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

What would you like me to let your parents know, if anything? (If you want me to talk to your parents, I'll have you sign a separate consent form.)

What else is important for me to know?

What would you like me to ask you about?

Signed: _____

Date:_____

This form is part of your private medical record. It will not be duplicated or released without your consent, as provided by law.