

Parent/Youth Information Form

Full Name of youth including (nickname) _____

Your full name and (nickname) _____

Phones- home _____ work _____ cell _____

Mailing Address _____

Youth's Date of birth _____ age _____

Your Date of birth _____ age _____

School youth attends _____

Your relationship status: single, married, have a partner, separated, divorced, widowed,
engaged (please circle one)

Questions about what brings your youth to therapy
(Use the back of the sheet for any of these if you need the space)

Reason(s) for wanting therapy?

Your goal(s) for the therapy?

Greatest fear related to coming to therapy?

Has your youth been in therapy previously? With whom?

When? Would you like me to contact that therapist?

Anyone that you believe might be helpful to me in understanding your youth?

Your Family

Spouse, Partner, Significant other _____

Their education and work _____

Stan Yancey, MSW, MDiv
Licensed Clinical Social Worker and Certified Pastoral Counselor
Phone 919.215.0536

Children – please list them by name and age with gender, and if include if by previous marriage, adopted, and if they are living with you at home or not.

Other persons that live at home with you _____
 Significant persons in your youth's life, for instance teacher, coach, etc.

Pets _____

Your youth's extended family

Please describe any emotional or mental or struggles in living that any of your youth's family have had, or presently have on both maternal and paternal sides.

Please **circle** any of the following that **apply to you or your youth, distinguish for me with the name beside the concern?**

criticize self too much	concerned about someone's alcohol use
headaches	concerned about someone's drug use
stomach problems	gambling concerns
other health problems	pornography concerns
job related concerns	violent/harmful behavior by you
feeling depressed	violent/harmful behavior by someone else
weight gain	weight loss
sexual concerns	suicidal thoughts
lack of friends	financial problems
spiritual concerns	grief and loss
lonely	anxiety
religious concerns	work pressure
relationship concerns	parenting concerns
alcohol misuse/abuse	drug misuse/abuse
out of control spending	anger concerns
codendency concerns	boundaries concerns
friendship	bullying
sibling concerns	attention related concerns
classroom performance	tearfulness

Do you use alcohol? _____ If so, how often, and how much? _____

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Do you use drugs? _____ Is so, how often, and how much? _____

Current prescription medication your youth is taking _____

Have you ever gotten a DUI or had any other type of charge related to alcohol or drug use? _____ If so, when? _____

Your Educational background

Highest level of school attended: _____

Name of college/university/community college/certificate program attended _____

Diploma/Degree/Certificate _____

Work life

Place of Employment _____ Length of time there _____

Position _____

Describe how you feel about your work _____

Who referred you to me? _____ I like to write a simple thank you note to persons that refer to me. If this is okay, please initial here _____ I include no confidential information, and certainly will not do it if you prefer me not.

Further Information

Please use the remaining space and the back if needed to let me know about anything that you have not previously mentioned; that you believe might be important for our work together.