



# Burke Little & Associates, Inc.

THERAPEUTIC AND EDUCATIONAL CONSULTING

DURHAM, NC • RICHMOND, VA • NASHVILLE, TN

## Young Adult Application for Services

**Note: This information is kept strictly confidential**

Today's Date: \_\_\_\_\_

	<b>Young Adult's Information</b>		
Name:			
Age:			
Date of Birth:			
Gender:			
Pronouns Used: (please circle)	He/Him	She/Her	They/Them
Address:			
Home Phone:			
Cell Phone:			
Email:			

	<b>Parents' Information</b>		
Mother:			
Mother cell:			
Mother email:			
Father:			
Father cell:			
Father email:			
Mother/Father address:			

**Reason for Referral/Current Symptoms/Issues:**

Please describe the problems you are now having and the type of services you are seeking.

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**Present Psychological Difficulties:  
(check all that apply)**

<b>Check</b>	<b>Difficulties</b>	<b>Additional Comments</b>
<input type="checkbox"/>	generalized anxiety	
<input type="checkbox"/>	specific fears/phobias	list:
<input type="checkbox"/>	panic attacks	
<input type="checkbox"/>	social anxiety	
<input type="checkbox"/>	obsessive thinking or compulsive behaviors	describe:
<input type="checkbox"/>	body-focused or repetitive behaviors	describe:
<input type="checkbox"/>	sadness or depression	
<input type="checkbox"/>	emotionally overwhelmed	
<input type="checkbox"/>	frequent crying	
<input type="checkbox"/>	loss of energy	
<input type="checkbox"/>	loss of pleasure in life	
<input type="checkbox"/>	self-harm	describe:

<b>Check</b>	<b>Difficulties</b>	<b>Additional Comments</b>
	thoughts of suicide	describe:
	problems with eating	describe:
	problems falling asleep	
	problems sleeping through the night	
	trouble waking up	
	fatigue/tiredness during the day	
	nightmares	
	problems with attention or concentration	
	racing thoughts	
	problems making or keeping friends	explain:
	problems controlling temper	
	relationship problems	
	problems with intimacy	
	problems with job	
	history of abuse (emotional physical, sexual)	explain:
	alcohol/drug use/ abuse	explain:
	financial problems	
	legal issues	describe:
	other	issue:
	other	issue:
	other	issue:
	other	issue:

**Describe any previous mental health services the young adult has received:**

Mental Health Service (treatment or evaluation)	Age at time of service and length of service in months	Provider	Diagnosis and Treatment

**What do you wish to accomplish (what are your goals) in seeking services at this time?**

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## General Health of Young Adult

### Rate current health:

(Excellent) (poor)  
10 9 8 7 6 5 4 3 2 1

### Rate current stress level:

(Low stress) (high stress)  
10 9 8 7 6 5 4 3 2 1

### Rate overall happiness level:

(Happy) (unhappy)  
10 9 8 7 6 5 4 3 2 1

### Primary physician's name/address/phone:

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### Last physical exam date and relevant findings:

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### Any other physicians seen on a regular basis and relevant findings:

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**Describe any diagnosed medical conditions:**

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**List any medical procedures (surgeries, etc...):**

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**Describe any trauma experienced (ages and circumstances):**

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**List all medications taken regularly:  
including over-the-counter, vitamins and supplements**

<b>Medication</b>	<b>Dosage</b>	<b># per day</b>

**Substance use:**

**Note: This information is kept strictly confidential**

Substance	Years Used	# of days per week used	# of times or units per day	Form used (ex. e-cigs, vape pens, etc.)
Nicotine				
Alcohol (type)				
Marijuana				
Caffeine				
Other				
Other				

**Technology Use/Abuse:**

Technology	Yes/No	# of days per week used	# of hours per day	Is it a problem (explain):
Gaming				
Social Networking				
Internet Pornography				
Other				
Other				

**Family History:  
(check all that apply)**

Check	Diagnosis	Additional Comments
	intellectual disability	
	speech or communication disorder	
	attention-deficit/hyperactivity disorder	
	learning differences	explain:
	autism spectrum disorder	describe:
	sleep disorders	
	generalized anxiety	
	social anxiety	
	obsessive compulsive and related conditions	describe:
	phobias	
	depressive disorder	
	bipolar disorder	
	suicide attempts/ suicide	
	schizophrenia	
	psychosis	explain:
	alcohol or substance abuse	
	genetic disorder	list:



## Young Adult's Educational History:

Question	Answer
<b>highest level of education completed</b>	
<b>issues with attention</b>	explain:
<b>learning differences</b>	explain:
<b>behavioral issues in school</b>	explain:
<b>grades repeated and reasons</b>	
<b>high school attended</b>	
<b>graduation date</b>	
<b>GPA</b>	
<b>SAT overall/verbal/math</b>	
<b>ACT score</b>	
<b>college attended and dates of attendance</b>	
<b>currently attending classes?</b>	yes or no, explain:
<b>academic suspension or probation</b>	explain
<b>additional comments</b>	

**Additional information, thoughts, or comments you would like to share:**

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**Person completing form:**

**Completed forms may be faxed to:  
(919) 287-2950  
or scanned to:  
burkelittencva@gmail.com**