



Young Adult Application for Services
Note: This information is kept strictly confidential

Today's Date: _____

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

	Parents' Information		
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.

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

Check	Difficulties	Additional Comments
<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:

Check	Difficulties	Additional Comments
	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?

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:

Last physical exam date and relevant findings:

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

Describe any diagnosed medical conditions:

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

Describe any trauma experienced (ages and circumstances):

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

Medication	Dosage	# per day

Substance use:

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

