

Please fill out this form by printing your answers. This information will help us to learn more about you.

Name: _____ ID #: _____

Allergies: _____

Why are you here? _____

EDUCATIONAL HISTORY

Fill in the names of all schools you have attended:

School you now attend: _____ Current Grade: _____ Grade Point Average: _____

Have you attended special classes? No Yes - If Yes, please explain: _____

What are your problems in school? Failing grades Behavior Fighting Suspensions No friends Attendance/Truancy
 Don't like school Bullied/teased Other: _____

Have you been diagnosed with ADD/ADHD? No Yes

LEGAL HISTORY

Have you ever been arrested? No Yes - If Yes, please list.

When?	What Happened?	What Resulted?
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a case pending in court? No Yes If Yes, please explain: _____

Are you on probation at this time? No Yes - If Yes, dates of probation: _____ to _____

Probation Officer: _____
Name Telephone # Address

Name of Court: _____

PERSONAL HISTORY

Describe what you do in a typical day: _____

INTERESTS/ACTIVITIES

What do you enjoy doing?

- | | | |
|--|--|--|
| <input type="checkbox"/> Babysitting | <input type="checkbox"/> Getting into fights | <input type="checkbox"/> Scouts (Boy or Girl)/Clubs |
| <input type="checkbox"/> Being with friends | <input type="checkbox"/> Getting high | <input type="checkbox"/> Sewing, knitting, embroidering, making crafts |
| <input type="checkbox"/> Being with girlfriend/boyfriend | <input type="checkbox"/> Going to parties | <input type="checkbox"/> Singing |
| <input type="checkbox"/> Being with family | <input type="checkbox"/> Going shopping | <input type="checkbox"/> Sleeping |
| <input type="checkbox"/> Being by myself | <input type="checkbox"/> Going places/traveling | <input type="checkbox"/> Smoking cigarettes/using snuff |
| <input type="checkbox"/> Building things | <input type="checkbox"/> Just about anything | <input type="checkbox"/> Talking on phone |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Listening to music | <input type="checkbox"/> Using a computer |
| <input type="checkbox"/> Dieting | <input type="checkbox"/> Other school activities | <input type="checkbox"/> Volunteer work |
| <input type="checkbox"/> Drawing | <input type="checkbox"/> Playing video games | <input type="checkbox"/> Watching television |
| <input type="checkbox"/> Drinking alcohol | <input type="checkbox"/> Playing instrument | <input type="checkbox"/> Watching movies/videos |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Playing school sports | <input type="checkbox"/> Working/earning money |
| <input type="checkbox"/> Exercising/working out | <input type="checkbox"/> Playing sports | <input type="checkbox"/> Writing/reading |
| <input type="checkbox"/> Getting into trouble | <input type="checkbox"/> Praying/church activities | Other _____ |

Are you sexually active? No Yes - If Yes, are you having protected sex? Yes No

Do you have a social network account: Facebook, My Space, etc.? No Yes

If you use tobacco, would you like a referral for help to quit? No Yes

Current Employer: _____ Pay: _____ None

Past Employers: _____ None

Reason for leaving: _____

Do you receive an allowance? No Yes - If yes, how much? _____

Religious Preference: _____

Do you consider yourself to be a spiritual person or believe in a higher power? No Yes

Explain: _____

Check the areas in which you are experiencing problems:

- | | | |
|---|--------------------------------------|---------------------------------|
| <input type="checkbox"/> Anger | <input type="checkbox"/> Legal | <input type="checkbox"/> School |
| <input type="checkbox"/> Divorce/Separation | <input type="checkbox"/> Money | <input type="checkbox"/> Sleep |
| <input type="checkbox"/> Drugs/Alcohol | <input type="checkbox"/> Mood Swings | <input type="checkbox"/> Work |
| <input type="checkbox"/> Eating | <input type="checkbox"/> Nervousness | Other: _____ |
| <input type="checkbox"/> Friends | <input type="checkbox"/> Parents | |
| <input type="checkbox"/> Hyper-activity | <input type="checkbox"/> Sadness | |

Do you currently have thoughts of hurting yourself or others? No Yes - If yes, explain: _____

Have you ever attempted to hurt yourself or others? No Yes - If yes, when: _____
(Month/Year)

Explain (How?): _____

Which of the following describes your peer group/friends: Earn mostly passing grades Earn mostly failing grades
 Involved in sports or extracurricular activities Drink alcohol Smoke marijuana or use other drugs
 Get into trouble at home or school Sexually active Other: _____

Do you consider yourself a: Leader or a Follower?

Have you ever had counseling? No Yes - If yes:

Where?	When?	Why?

Have you made bets or participated in activities/games for money?
 No Yes - If Yes, what and how often? _____

If you are 12 years old or older, please check off the answers that apply to you. The questions below are about your use of mood altering chemicals - **which includes alcohol.**

Questions	Past	Current	No/Does Not Apply
1. I use chemicals on a regular basis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. I drink to get drunk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Getting high is important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. I look for parties or other people to get high with.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. I use chemicals alone.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. I misuse prescription medication in order to get high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. I use chemicals when I feel bad and want to feel better.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. People say my personality changes when I use chemicals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Questions	Past	Current	No/Does Not Apply
9. I make changes in my life so I can continue to use chemicals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. I use people in order to get chemicals or to get high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. I look forward to times when I can use chemicals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. I keep a stash just for me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. I lie about how much and how often I use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. I get upset if I can't get high when I want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. I smoke pot and drink alcohol together.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. I chain smoke pot so I can get a better high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Sometimes I get high even when I don't really want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. I change my plans in order to get high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19. I sometimes use more chemicals than I really want to.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. I break promises to myself or to others to change my drug use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. It takes more chemicals to get the kind of high I want.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. I am always in control of my use.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. I drink more than my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24. I get angry when people say I have a drug problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25. I could stay straight if it weren't for my friends.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26. I don't like to think of some of the things I've done while on chemicals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27. I sneak use so people won't know how much I'm getting high.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. When I run out of chemicals, I will go out of my way to get more.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. I sell chemicals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30. Drugs cause problems in my life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Signature of Candidate/Person Completing Form

Date

Signature and Credentials of Therapist Reviewing This Form

Date

Candidate unable to complete this form due to reading/writing skills.