

### Parent/Youth Information Form

Full Name of youth including (nickname) \_\_\_\_\_

Your full name and (nickname) \_\_\_\_\_

Phones- home \_\_\_\_\_ work \_\_\_\_\_ cell \_\_\_\_\_

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 \_\_\_\_\_

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.

\_\_\_\_\_  
\_\_\_\_\_

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

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

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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.

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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	spiritual concerns
relationship concerns	parenting concerns
alcohol misuse/abuse	drug misuse/abuse
out of control spending	anger concerns
codependency concerns	boundaries concerns
friendship	bullying
sibling concerns	attention related concerns
classroom performance	tearfulness

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

Insurance Information if using it for your youth

Name of insurance \_\_\_\_\_

Insurance belongs to what person (full name) \_\_\_\_\_

Insurance Identification Number \_\_\_\_\_

Insurance Group Number \_\_\_\_\_

*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.