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## Young Adult Information Form

Note: Unless there is a serious risk of injury to you or someone else, the information on this form is confidential. It will not be discussed with your parents without your consent.

Your name: \_\_\_\_\_ Nickname? \_\_\_\_\_

Today's date: \_\_\_\_\_ Your age: \_\_\_\_\_ Your phone #: \_\_\_\_\_

Your address: \_\_\_\_\_

### Health

How tall are you? \_\_\_\_\_ What do you consider your ideal weight? \_\_\_\_\_ Has your weight changed more than 10 pounds in the last year? ☐ No ☐ Yes How much? \_\_\_\_\_ Why? \_\_\_\_\_

What physical or medical problems do you have now, or have you had in the past? \_\_\_\_\_

### Family

Birth parents' names: \_\_\_\_\_ and \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Present parents'/guardians' names: \_\_\_\_\_ and \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

How would you describe your parents' relationship? \_\_\_\_\_

What kinds of problems are you having with:  
Parents/stepparents/guardians?

Parents' live-in friends or boyfriends/girlfriends?

Brothers or sisters (or stepbrothers or stepsisters)?

## School

Which school do you go to? \_\_\_\_\_ Grade level/year: \_\_\_\_\_

How are your grades? \_\_\_\_\_

Problems in school? \_\_\_\_\_

## Work

Do you work? ☐ No If so, How many hours a week? \_\_\_\_\_ What do you do? \_\_\_\_\_

Problems there? \_\_\_\_\_

## Friends

Who are your close friends (names and ages)?

Do you have a serious one-on-one relationship now? ☐ No ☐ Yes

Do you party? \_\_\_\_\_ If so, when and where? \_\_\_\_\_

## Previous counseling

1. With whom? \_\_\_\_\_ When? \_\_\_\_\_

For what? \_\_\_\_\_

With what results? \_\_\_\_\_

2. With whom? \_\_\_\_\_ When? \_\_\_\_\_

For what? \_\_\_\_\_

With what results? \_\_\_\_\_

## Concerns

Would you like information or answers on: ☐ Sex (of any kind) ☐ Birth control ☐ Alcohol ☐ Drugs. If so, Circle them.

☐ Relationships ☐ Other concerns:

How important is religion to you and/or your family? \_\_\_\_\_ If so, in what ways?

What worries or upsets you?

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What makes you happy?

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Why do you think you are here? Please tell me in your own words.

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What would you like to see happen or change because of this counseling?

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What would you like me to let your parents know?

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What else is important for me to know?

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What would you like me to ask you about?

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Signed: \_\_\_\_\_  
Date:\_\_\_\_\_