

5. Does the patient have a relationship with a boy friend or girlfriend? If so, do they also use drugs or alcohol? _____

Legal

1. Has the patient ever been arrested for any reason in the past? If so, when and for what? What were the results? _____

2. Please describe any pending legal problems? _____

3. Is the patient's probation officer mandating treatment? _____

Academics

1. Is the patient failing classes? Please explain. _____

2. What grade level are they at? (At appropriate grade level?) _____

3. Is there a history of skipping school? _____

Mental Health

1. Are there any present or potential mental health issues? _____

2. Has the patient ever seen a psychiatrist or therapist (name of provider)? _____

3. What medications are prescribed to the patient? If so, is patient compliant? _____

Previous treatment

1. Has your adolescent ever had Chemical Dependency residential treatment? (where, span of time, outcome of treatment) _____

2. Has your adolescent ever had a mental health/psychiatric treatment stay? (where, span of time, outcome of treatment) _____

3. Has your adolescent ever been in an outpatient treatment program? (where, span of time, outcomes of treatment) _____

