

**Pathways to Change, LLC**  
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**Adolescent Form**

Date:

Name:	Age:	Date of Birth:
Address:		
Phone:		
Who do you live with? (Include Names)		
Are there other people in your family? (Example: Another parent)		

**Please describe your current concerns:**

Who made the decision to set up this appointment? If it was someone other than yourself, do you know what led them to make the appointment and what that is?

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What things are going on with you and your life that are not feeling good or not working well for you?

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Have you tried anything to help solve these problems and what has been the result?

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List one or two things that will be different when your concerns are resolved?

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What are your parents/guardians doing that is helpful for you?

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Are there other things that your parents/guardians could do that might be helpful also?

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Are there other people in your life that have been helpful for you?

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What are some of your strengths and talents?

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Any other information that you would like to add?

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