

ADOLESCENT COUNSELING

Name: _____

Check the appropriate age for categories discussed.

Medicaid ID #: _____

Check the appropriate box for areas discussed in each age group.

Age	11Y	12Y	13Y	14Y	15Y	16Y	17Y	18Y	19Y	20Y
CATEGORIES										
Reproductive Health										
Substance Abuse										
Relationships										
Coping Skills										
Wellness										

*Required counseling at each age

Date/Counselor _____

Date/Counselor _____

Date/Counselor _____

Date/Counselor _____

Date/Counselor _____

Date/Counselor _____

Date/Counselor _____

Date/Counselor _____

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| <p>I. Reproductive Health</p> <ul style="list-style-type: none"> a. anatomy and physiology b. sexuality/pubertal changes c. directed abstinence based sex education d. AIDS/STDs <hr/> <p>II. Substance Abuse</p> <ul style="list-style-type: none"> a. alcohol b. tobacco c. other drug (including steroids, diet pills, designer drugs, etc.) |
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| <p>III. Relationships</p> <ul style="list-style-type: none"> a. parents b. physical abuse/neglect c. siblings d. peers/friends <hr/> <p>IV. Coping Skills</p> <ul style="list-style-type: none"> a. relaxation techniques b. decision making c. life planning |
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| <p>V. Wellness</p> <ul style="list-style-type: none"> a. nutrition b. exercise c. personal hygiene d. dental health e. accident prevention f. speech & hearing conservation g. cancer detection (SBE, DES) |
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