



CENTER FOR BEHAVIORIAL HEALTH, LLC
COLUMBIA ADDICTIONS CENTER

5570 Sterrett Place, Suite 205, Columbia, MD 21044
Tele: 410.730.1333 Fax: 410.730.1559 Email: cac@columbiaaddictions.com

Please take a moment to fill this out in regards to any questions or concerns you may have about your son/daughter and their visit today.

Son or Daughter's Name _____

Parent Name _____

Phone _____

E-mail _____

Briefly state the concerns you are having with your son/daughter?

What attempts have been made to solve these problems?

What kinds (if any) drugs ,alcohol, or paraphernalia have you found?

How long has the problem been going on?

<p>Check any other concerns you may have:</p> <ul style="list-style-type: none"><input type="checkbox"/> Behavioral<input type="checkbox"/> Academic<input type="checkbox"/> Psychiatric<input type="checkbox"/> Friends<input type="checkbox"/> Other	<p>What specific situations concern you most?</p>
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On a scale of 1-10, how concerned on you? (10 being the most concerned.)

1 2 3 4 5 6 7 8 9 10

Has your teen previously attended counseling?

Reason:

When:

With Whom:

What would you like to see come out of today's meeting?

What would you like to happen in terms of your child's treatment here at CAC?

Additional Comments and/or Concerns:
