

# ADOLESCENT COUNSELING

Name: \_\_\_\_\_

Check the appropriate age for categories discussed.

Medicaid ID #: \_\_\_\_\_

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

Age	9Y	10Y	11Y	12Y	13Y	14Y	15Y	16Y	17Y	18Y	19Y	20Y
<b>CATEGORIES</b>												
Reproductive Health												
Substance Abuse												
Relationships												
Coping Skills												
Wellness												

\*Required counseling at each age

Date/Counselor \_\_\_\_\_

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Date/Counselor \_\_\_\_\_

Date/Counselor \_\_\_\_\_

Date/Counselor \_\_\_\_\_

Date/Counselor \_\_\_\_\_

- I. Reproductive Health**
- a. anatomy and physiology
  - b. sexuality/pubertal changes
  - c. directed abstinence based sex education
  - d. AIDS/STDs
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- II. Substance Abuse**
- a. alcohol
  - b. tobacco
  - c. other drug (including steroids, diet pills, designer drugs, etc.)

- III. Relationships**
- a. parents
  - b. physical abuse/neglect
  - c. siblings
  - d. peers/friends
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- IV. Coping Skills**
- a. relaxation techniques
  - b. decision making
  - c. life planning

- V. Wellness**
- a. nutrition
  - b. exercise
  - c. personal hygiene
  - d. dental health
  - e. accident prevention
  - f. speech & hearing conservation
  - g. cancer detection (SBE, DES)