

YOUTH RECOVERY CENTER

at Valley View Hospital

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www.vvh.org

IDENTIFIED ISSUES / STRENGTHS FORM

Name _____ Date _____

Date of Birth _____ Social Security Number _____

Identify the issues you have in school:

- Failing grades
- Truancy
- Behavior problems in class
- Suspended
- Expelled
- Poor relationships with peers
- Poor relationships with teachers
- No sports involvement/school activities
- Using while at school
- Other _____

- Regular school attendance
- Working toward GED
- Completion of GED
- Graduated from high school
- Committed to finishing high school
- Positive relationship with teacher(s)
- Positive peer relationships
- Involved in sports
- Involved in extracurricular activities
- Other _____

Identify the issues you have with your family:

- Running away
- Not communicating with family members
- Low level of trust
- Lack of boundaries
- Physical abuse
- Emotional abuse
- Sexual abuse
- Domestic violence
- Divorce
- Death of a family member or friend
- Adoption
- Family substance use- Who
- Other _____

Identify your family strengths:

- Supportive parents
- Intact marriage
- Involved extended family
- Clear boundaries
- No domestic violence
- No history of abuse related fights
- Effective communication
- Financial stability
- No family history of substance abuse
- Other _____

Identify the issues with your health:

- Intoxicated motor vehicle accident
- Intentional burns on self
- Intentional cuts on self
- Suicide attempts
- Overdose
- Injuries from drug using situations
- Motivation loss
- Memory loss
- Unprotected sexual behavior
- Tattoos
- Severe weight loss
- Eating disorder
- Other _____

Identify your health strengths:

- Healthy body weight
- Healthy sleep patterns
- Intact memory
- Healthy eating habits
- Free from physical limitations
- Responsible sexual behavior
- Other _____

Identify your strengths in school:

Identify any social issues you have:

- Failure to control drug use
- Believe drugs are essential to your life
- Little motivation to stop using
- Low self-esteem/self-image
- Negative thoughts about yourself
- Fear of being around others/isolates
- Easily distracted
- Anxious
- Poor anger management skills
- History of fighting
- Frequent arguing or irritability
- Lying
- Breaking rules/defying authority
- Bored easily
- Lack of trust
- Poor communication/listening skills
- Limited exposure to recreational activities
- Other _____

Identify your social strengths:

- Period of sobriety
- Non-using peers
- Healthy self-esteem
- Spiritual beliefs
- Good communication skills
- Anger management skills
- Leadership abilities
- Sense of humor
- Intelligence
- Supportive adults in your life
- Maintained a steady job
- Motivated for sobriety
- Involved in recreational activities
- Honesty
- No legal involvement
- Other _____

Identify your legal involvement:

- Pending charges
- Awaiting trial
- Awaiting sentencing
- Adjudication (number _____)
- Electronic monitoring
- Unsupervised probation
- Probation (years _____)
- Commitment
- Parole
- Other _____

Identify your recreation involvement:

- Limited exposure to rec. activities
- Poor recreation skills
- Little knowledge of community resources
- Low confidence
- Poor sportsmanship
- Reluctance to try activities
- Physical limitation
- Unaware of importance of leisure