YOUTH RECOVERY CENTER
at Valley View Hospital
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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 ___________________________

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 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 strengths in school:
☐ 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 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 your health strengths:
☐ Healthy body weight
☐ Healthy sleep patterns
☐ Intact memory
☐ Healthy eating habits
☐ Free from physical limitations
☐ Responsible physical behavior
☐ Other ___________________________
**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