

**Mindful Teen Enrollment Form  
Outpatient Services  
Bradley Hospital**

**Date Received:** \_\_\_/\_\_\_/\_\_\_ **MR#:** \_\_\_\_\_

Programs will be filled on a first come, first served basis with adolescents being matched according to level of need.

**Child's Name:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Gender:  male  female Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_

Insurance: \_\_\_\_\_

**Name of Person Completing Form:** \_\_\_\_\_  parent  other: \_\_\_\_\_

Other parent/caregiver name(s): \_\_\_\_\_

Contact Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Teen Email: \_\_\_\_\_

**Mindful Teen Program Description:**

The **Mindful Teen Program** provides comprehensive Dialectical Behavior Therapy (DBT) for adolescents (ages 13-18 years and in grades 8-12) and their caregivers. The program is appropriate for adolescents struggling with suicidality, self-injury, and/or other self-destructive behaviors due to difficulties regulating their emotions, managing impulses, and navigating interpersonal relationships. Treatment includes weekly individual therapy for teens, weekly two-hour multi-family skills group (attended by the adolescent and at least one parent), phone coaching for adolescents and caregivers, family therapy and medication management (if needed). This treatment program lasts for a minimum of 6 months.

**Why do you want your teen and family to participate in this program?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Does your child currently see a counselor, therapist, or psychiatrist?**  No

Yes, counselor or therapist name: \_\_\_\_\_ Location: \_\_\_\_\_

Yes, psychiatrist name \_\_\_\_\_ Location: \_\_\_\_\_

**Has your child ever been hospitalized or had residential treatment for psychiatric illness?**  No

Yes, hospitalization location(s): \_\_\_\_\_ Dates: \_\_\_\_\_

Yes, partial hospital/day treatment location(s): \_\_\_\_\_ Dates: \_\_\_\_\_

Yes, residential treatment location(s) \_\_\_\_\_ Dates: \_\_\_\_\_

**Medical Problems:**  No  Yes, describe: \_\_\_\_\_

**Psychiatric Diagnoses:**  No  Yes, describe: \_\_\_\_\_

***For Office Use Only***

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Family scheduled with: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Hold (reason): \_\_\_\_\_