



**Etgar BaMidbar: Adolescent Application**

First Name:	Last Name:	DOB:
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Address:	Line 2:	
City:	State:	Zip:

Email:	Phone:
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Preferred Method of Contact:                      Call                      Text                      Email

Please describe the personal growth goals that you have for this program.

Why are you interested in this program? Are there transitions or situations in your life that are creating challenges? If yes, what are those things and what is that experience like for you?

Have you ever been given a formal mental health diagnosis?    Yes                      No

If yes:

What is your diagnosis?	When were you diagnosed?
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Are you currently taking any medication?                      Yes                      No

If yes: Please fill out the following chart. If you take the same medication more than once per day, please list it twice and record the “when” accordingly.

Name of Medication	Dosage	When do you take it?	Why?

Is there anything else that you’d like to share with us that you think is important to include in this application?

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***\*If you need more space than what is provided here to capture who you are and your intentions for participating in this program, you may include an additional word document in your application. Once complete, please submit this form (and any addendums) to Emily Heeren at [emilyh@bamidbartherapy.org](mailto:emilyh@bamidbartherapy.org). Feel free to reach out to her at any time via email or by phone at 720-409-0486.***