Mindful Teen Enrollment Form	Date Received:// MR#:
Outpatient Services Bradley Hospital	Programs will be filled on a first come, first served basis with adolescents being matched according to level of need.

nild'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 ps	sychiatrist? 🗌 No	
Yes, counselor or therapist name:	Location:	
Yes, psychiatrist name	Location:	
Has your child ever been hospitalized or had residential tre	eatment for psychiatr	ic illness? 🗌 N
Yes, hospitalization location(s):	Dates:	
Yes, partial hospital/day treatment location(s):	Da	ites:
Yes, residential treatment location(s)		Dates:
Medical Problems: 🗌 No 📋 Yes, describe:		
Psychiatric Diagnoses: No Yes, describe:		
For Office Use Only		
Approved by:		
Family scheduled with:	Date:	Time: