

# Durham P.R.O.U.D. Program

Personal Responsibility to Overcome with Understanding and Determination

Client's Name: \_\_\_\_\_  
First Middle Last

(DOB): \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

School Assignment: \_\_\_\_\_

Living with (circle): mother father other: \_\_\_\_\_ (relation)

Name: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_ Durham NC  
Street Address City State Zip Code

Telephone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (O) \_\_\_\_\_

Referred Offense(s): \_\_\_\_\_

Date of Offense(s): \_\_\_\_\_

In the past twelve months has the juvenile been (circle all that apply):

Expelled/suspended	yes/no	
Run away	yes/no	
Secure Custody	yes/no	
Referred to court	yes/no	
Diverted to court	yes/no	
Hospitalized	yes/no	How long? _____

Referral reason:

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## Additional Information:

Is client currently on medication? If yes, please list all medications.

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Is client currently receiving therapy or under therapeutic care, if yes please provide the therapist name and/or name of the agency. Also explain reason for care.

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PO Box 1605 Durham, NC 27702 (919)956-8366**OFF** (919)956-8563**FAX**

Signed: \_\_\_\_\_ Date: \_\_\_\_\_