California Lutheran University

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Community Counseling Services

Child/Adolescent Information Sheet

THIS PORTION TO BE COMPLETED BY GUARDIAN(S)/PARENT(S)

Date_____

Name of Child/Adolescent_____

OK to leave a message:

Home Phone ( )_____ ☐ Yes ☐ No

Cell Phone ( )_____ ☐ Yes ☐ No

Other Phone ( )_____ ☐ Yes ☐ No

Date of Birth_____

Address: **OK to send mail:** ☐ Yes ☐ No

_____

_____

City and Country of Birth_____

Current Grade at School (If summer, enter grade child will begin in September): _____

Does your child receive special education services at school? ☐Yes ☐No

If yes, please mark what led to eligibility of services:

- ☐ Auditory Impairment
- ☐ Attention Disorder
- ☐ Autism Spectrum
- ☐ Chronic Health Condition
- ☐ Emotional Difficulty
- ☐ Intellectual Disability
- ☐ Learning Disability
- ☐ Motor Impairment
- ☐ Visual Impairment
- ☐ Not Listed, Specify_____

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Does your child currently take any prescribed medication? ☐ Yes ☐ No

If yes, please list the <u>name</u> of the medication(s) and <u>dosage</u>(s):

_____

_____

<u>CURRENT FAMILY INFORMATION</u>:

Who does the child live with? _____
Are there child custody orders? _____

Please List CHILD/ADOLESCENT'S SIBLINGS (indicate if Step-SIBLINGS):

Name:	Age:	School or Occupation:	Grade	Lives At home
				Yes No
				Yes No
				Yes No
				Yes No
				Yes No

Others living in the home (and their relationship):

1._____

2._____

3._____

4._____

5._____

6._____

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Child/Adolescent Demographics

1. **County:**
   - ☐ Los Angeles County
   - ☐ Ventura County
   - ☐ Not Listed, Specify _____

2. **Sex:**
   - ☐ Male
   - ☐ Female
   - ☐ Intersex

3. **Gender Identity:**
   - ☐ Male
   - ☐ Female
   - ☐ FTM / transgender male/ trans man
   - ☐ MTF / transgender female/trans woman
   - ☐ Genderqueer
   - ☐ Gender-nonconforming
   - ☐ Questioning
   - ☐ Not Listed, Specify: _____

4. **How does child want to be referred to (Pronouns):**
   - ☐ -he / him / his
   - ☐ -she / her /hers
   - ☐ -they/them/theirs
   - ☐ Not Listed, Specify _____

5. **Sexual Orientation:**
   - ☐ Bisexual
   - ☐ Gay
   - ☐ Heterosexual (Straight)
   - ☐ Lesbian
   - ☐ Pansexual
   - ☐ Queer
   - ☐ Questioning
   - ☐ Unknown
   - ☐ Not Listed, Specify: _____

6. **Race/Ethnicity:**
   - ☐ American Indian / Native American / Alaska Native
   - ☐ Asian / Asian American
   - ☐ Black / African American
   - ☐ Latino/a or Spanish Heritage
   - ☐ Middle Eastern or North African
   - ☐ Multiracial, Specify:
   - ☐ _____
   - ☐ Native Hawaiian / Other Pacific Islander
   - ☐ White / European Descent
   - ☐ Not Listed, Specify: _____

7. **Religious Affiliation:**
   - ☐ Agnostic
   - ☐ Atheist
   - ☐ Buddhist
   - ☐ Catholic
   - ☐ Christian
   - ☐ Hindu
   - ☐ Jehovah's Witness
   - ☐ Jewish
   - ☐ Mormon
   - ☐ Muslim
   - ☐ Unknown
   - ☐ Not Listed, Specify: _____

8. **Who referred you to CCS (Check all that apply)**
   - ☐ Self
   - ☐ Friend
   - ☐ Family Member
   - ☐ Court System
   - ☐ Agency (e.g., Social Services, Interface), Specify:_____
   - ☐ Doctor's Office/ Therapist, Specify: _____
   - ☐ Not Listed, Specify: _____

9. **How did you learn about CCS?**
   - ☐ Presentation
   - ☐ Brochures/Pamphlets
   - ☐ Website
   - ☐ Social Media
   - ☐ Direct Referral (e.g., person/agency), Specify: _____
   - ☐ Bus Advertising
   - ☐ Movie Theater Advertising
   - ☐ Not Listed, Specify: _____

10. **Extracurricular activities/Part-time job:**

_____
_____
_____
_____
_____
_____
_____
_____

11. **Annual Household Income Before Taxes (gross):**
    - ☐ Less than $16,999
    - ☐ $17,000 - $24,999
    - ☐ $25,000 - $49,999
    - ☐ $50,000 - $99,999
    - ☐ $100,000 or more

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Please check the items that BEST describes why you are seeking counseling for your child:

- ☐ Academic Difficulties
- ☐ Anxiety
- ☐ Bullying/Discrimination/Harassment
- ☐ Chronic Health/Pain Management Issues
- ☐ Depression/Sadness
- ☐ Drug or Alcohol Use/Abuse
- ☐ Employment Problems
- ☐ Financial Problems
- ☐ Gender Identity Concerns
- ☐ Grief/Bereavement
- ☐ Homicidal Thoughts or Behavior
- ☐ Intimate Partner/Domestic Violence
- ☐ Legal Problems
- ☐ Mood Swings
- ☐ Parenting Difficulties
- ☐ Relationship Problems
- ☐ Sexual Orientation Concerns
- ☐ Suicidal Thoughts or Behavior
- ☐ Not Listed, Specify: _____

Emergency Contact:

Name: _____ Relationship:_____

Phone Number (including area code):_____

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Parent/Guardian 1:

Name: _____**Birthdate:**_____**Age:**_____
Relationship to Child: [] Biological Parent [] Step-Parent [] Adoptive/Foster Parent [] Relative
[] Other, Please list_____
Address (if different from minor's address): _____
OK to send mail: ☐ Yes ☐ No

1. **County:**
   - ☐ Los Angeles County
   - ☐ Ventura County
   - ☐ Not Listed, Specify: _____

2. **Marital Status:**
   - ☐ Single
   - ☐ Married/Civil Union
   - ☐ Divorced/Separated
   - ☐ Widowed

3. **Sex:**
   - ☐ Male
   - ☐ Female
   - ☐ Intersex

4. **Gender Identity:**
   - ☐ Male
   - ☐ Female
   - ☐ FTM / transgender male/ trans man
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   - ☐ Bisexual
   - ☐ Gay
   - ☐ Heterosexual (Straight)
   - ☐ Lesbian
   - ☐ Pansexual
   - ☐ Queer
   - ☐ Questioning
   - ☐ Not Listed, Specify: _____

7. **Race/Ethnicity:**
   - ☐ American Indian / Native American / Alaska Native
   - ☐ Asian / Asian American
   - ☐ Black / African American
   - ☐ Latino/a or Spanish Heritage
   - ☐ Middle Eastern or North African
   - ☐ Multiracial, Specify: _____
   - ☐ Native Hawaiian / Other Pacific Islander
   - ☐ White / European Descent
   - ☐ Not Listed, Specify: _____

8. **Religious Affiliation:**
   - ☐ Agnostic
   - ☐ Atheist
   - ☐ Buddhist
   - ☐ Catholic
   - ☐ Christian
   - ☐ Hindu
   - ☐ Jehovah's Witness
   - ☐ Jewish
   - ☐ Mormon
   - ☐ Muslim
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9. **Who referred you to CCS (Check all that apply)**
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   - ☐ Family Member
   - ☐ Court System
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    - ☐ Website
    - ☐ Social Media
    - ☐ Direct Referral (e.g., person/agency), Specify: _____
    - ☐ Bus Advertising
    - ☐ Movie Theater Advertising
    - ☐ Not Listed, Specify: _____

11. **Highest Level of Education:**
    - ☐ Some School Completed
    - ☐ High School Graduate/GED
    - ☐ Associate Degree
    - ☐ Bachelor's Degree
    - ☐ Master's Degree
    - ☐ Professional/Vocational Degree
    - ☐ Doctorate Degree

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12. Employment Status:

- ☐ Employed/ Self-employed
- ☐ Unemployed, looking for work
- ☐ Unemployed, not currently looking for work
- ☐ Full-time Student
- ☐ Part-time Student
- ☐ Retired

If employed, please specify Occupation: _____

- ☐ Hours per week: _____

13. Disability (Cognitive, Physical, Sensory) :

❑Yes ❑ No

If Disability, please specify: _____

14. Please mark any that apply:

- ☐ 1st Generation College-Student
- ☐ Law Enforcement
- ☐ Fire Department
- ☐ Paramedic/EMT
- ☐ Active Duty or Reserves (e.g., military)
- ☐ Veteran

15. Annual Household Income Before Taxes (gross):

- ☐ Less than $16,999
- ☐ $17,000 - $24,999
- ☐ $25,000 - $49,999
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Parent/Guardian 2:

Name: _____**Birthdate:**_____**Age:**_____
Relationship to Child: [] Biological Parent [] Step-Parent [] Adoptive/Foster Parent [] Relative
[] Other, Please list_____
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