**California Lutheran University**

**Community Counseling Services**

**Child/Adolescent Information Sheet**

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

**Date**\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Child/Adolescent**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Home Phone** ( ) **Cell Phone** ( )

**Other Phone** ( )

**Date of Birth**

**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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**If yes, please list the name of the medication(s) and dosage(s):**

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

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

**CURRENT FAMILY INFORMATION:**

**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 |
|  |  |  |  | Yes No |

**Others living in the home (and their relationship):**

**1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**4.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**5.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**6.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Child/Adolescent Demographics**

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

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

1. **Sex:**
* Male
* Female
* Intersex
1. **Gender Identity:**
* Male
* Female
* FTM / transgender male/ trans man
* MTF / transgender female/trans woman
* Genderqueer
* Gender-nonconforming
* Questioning
* Not Listed, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **How does child want to be referred to (Pronouns):**
* -he / him / his
* -she / her /hers
* -they/them/theirs
* Not Listed, Specify

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

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

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

1. **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 PacificIslander
* White / European Descent

Not Listed, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Religious Affiliation:**
* Agnostic
* Atheist
* Buddhist
* Catholic
* Christian
* Hindu
* Jehovah’s Witness
* Jewish
* Mormon
* Muslim
* Unknown
* Not Listed, Specify:
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **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:

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

1. **How did you learn about CCS?**
* Presentation
* Brochures/Pamphlets
* Website
* Social Media
* Direct Referral (e.g., person/agency), Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Listed, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Extracurricular activities/Part-time job:**

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

1. **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

**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):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian 1:**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Birthdate:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age:**\_\_\_\_\_

**Relationship to Child:** [] Biological Parent [] Step-Parent [] Adoptive/Foster Parent

[] Relative [] Other, Please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

1. **Marital Status:**
* Single
* Married/Civil Union
* Divorced/Separated
* Widowed
1. **Sex:**
* Male
* Female
* Intersex
1. **Gender Identity:**
* Male
* Female
* FTM / transgender male/ trans man
* MTF / transgender female/trans woman
* Genderqueer
* Gender-nonconforming
* Questioning
* Not Listed, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **How do you want to be referred to (Pronouns):**
* -he / him / his
* -she / her /hers
* -they/them/theirs
* Not Listed, Specify:

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

1. **Sexual Orientation:**
* Bisexual
* Gay
* Heterosexual (Straight)
* Lesbian
* Pansexual
* Queer
* Questioning
* Not Listed, Specify:

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

1. **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 PacificIslander
* White / European Descent

Not Listed, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Religious Affiliation:**
* Agnostic
* Atheist
* Buddhist
* Catholic
* Christian
* Hindu
* Jehovah’s Witness
* Jewish
* Mormon
* Muslim
* Not Listed, Specify:

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

1. **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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **How did you learn about CCS?**
* Presentation
* Brochures/Pamphlets
* Website
* Social Media
* Direct Referral (e.g., person/agency), Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Not Listed, Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
1. **Highest Level of Education:**
* Some School Completed
* High School Graduate/GED
* Associate Degree
* Bachelor’s Degree
* Master’s Degree
* Professional/Vocational Degree
* Doctorate Degree
1. **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: \_\_\_\_\_
1. **Disability (Cognitive, Physical, Sensory) :**

 ❑Yes ❑ No

**If Disability, please specify:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Please mark any that apply:**
* 1st Generation College-Student
* Law Enforcement
* Fire Department
* Paramedic/EMT
* Active Duty or Reserves (e.g., military)
* Veteran
1. **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

**Parent/Guardian 2:**

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Birthdate:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Age:**\_\_\_\_\_

**Relationship to Child:** [] Biological Parent [] Step-Parent [] Adoptive/Foster Parent

[] Relative [] Other, Please list\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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* Hours per week: \_\_\_\_\_
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