

California Lutheran University Community Counseling Services

Child/Adolescent Information Sheet

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

| Date | | | | | |
|--------------------------|-------------------------------------|------------|----------|---------|-----------------------|
| Name of Chil | d/Adolescent | | | | |
| | | OK to | leave : | a mes | ssage: |
| Home Phone | () | | Yes | | No |
| Cell Phone (|) | | Yes | | No |
| Other Phone | () | | Yes | | No |
| Date of Birth | | | | | |
| Address: | | OK to | send n | nail: [|] Yes 🗌 No |
| | | | | | |
| | | | | | |
| City and Cou | ntry of Birth | | | _ | |
| Current Grad | e at School (If summer, ente | er grade o | child wi | ill beg | gin in September): |
| Does your ch | ild receive special education | n service: | s at sch | ool? | □Yes □No |
| If yes, please services: | mark what led to eligibility | of | | | |
| | Auditory Impairment | | | | ☐ Learning Disability |
| | Attention Disorder | | | | ☐ Motor Impairment |
| | Autism Spectrum | | | | ☐ Visual Impairment |
| | Chronic Health Condition | | | | □ Not Listed, |
| | Emotional Difficulty | | | | Specify |
| | Intellectual Disability | | | | |



| yes, please list the <u>r</u> | name of the medi | ication(s) and <u>dosage(</u> s) | | |
|---|------------------|----------------------------------|----------|------------------|
| URRENT FAMILY INF Tho does the child live there child custoe | ve with? | | | |
| ease List CHILD/ADO | OLESCENT'S SIBLI | NGS (indicate if Step-SIE | BLINGS): | |
| Name: | Age: | School or Occupation: | Grade | Lives At home |
| | | | | Yes No |
| thers living in the ho | | | | |



Child/Adolescent Demographics

| 1. | County: | | | | |
|----|--|----|---|----|--|
| | □ Los Angeles County□ Ventura County□ Not Listed, Specify | 6. | Race/Ethnicity: American Indian / Native American / Alaska Native Asian / Asian American Black / African American | 9. | How did you learn about CCS? Presentation Brochures/Pamphlets Website |
| 2. | Sex: Male Female Intersex | | Latino/a or Spanish Heritage Middle Eastern or North African Multiracial, Specify: | | Social Media |
| 3. | Gender Identity: Male Female FTM / transgender male/ trans man MTF / transgender female/trans woman Genderqueer Gender- | 7. | □ Native Hawaiian / Other Pacific Islander □ White / European Descent □ Not Listed, Specify: □ Religious Affiliation: □ Agnostic □ Atheist | | |
| 4. | nonconforming Questioning Not Listed, Specify: How does child want to be referred to (Pronouns): -he / him / his -she / her /hers | | Buddhist Catholic Christian Hindu Jehovah's Witness Jewish Mormon Muslim Unknown | | |
| | -they/them/theirsNot Listed, Specify | | Not Listed, Specify: | | Annual Household Income Before Taxes (gross): |
| 5. | Sexual Orientation: Bisexual Gay Heterosexual (Straight) Lesbian Pansexual Queer Questioning 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: | | Less than \$16,999 \$17,000 - \$24,999 \$25,000 - \$49,999 \$50,000 - \$99,999 \$100,000 or more |



| Pl | ease 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: |
| | |
| | |
| | |
| | |
| | |
| Emerge | ency Contact: |
| Name: | Relationship: |
| Phone | Number (including area code): |



| Nan | ne: ַ | | | | Birthdate: | | Age: |
|------|-------|--|--------------|-----|-------------------------------------|---------|--------------------------------|
| Rela | atio | nship to Child: [] Biological Parent | [] | Ste | ep-Parent [] Adoptive/Foster Parent | | [] Relative |
| [] O | ther | , Please list | _ | | | | |
| | | s (if different from minor's address): | _ | | | | |
| OK 1 | to se | end mail: | | | | | |
| 1. | Co | unty: | : (| S01 | kual Orientation: 9. | ۱۸. | ho referred you to CCS (Check |
| Δ. | | Los Angeles County | | J∈, | Bisexual | | I that apply) |
| | | Ventura County | _ | _ | Gay | u. □ | Self |
| | | Not Listed, Specify: | | | Heterosexual (Straight) | П | Friend |
| | | not Listed, speen y. | | 7 | Lesbian | | Family Member |
| | | | | 7 | Pansexual | | Court System |
| 2. | Ma | arital Status: | | | Queer | | Agency (e.g., Social Services, |
| | | Single | | | Questioning | | Interface), Specify: |
| | | Married/Civil Union | | | Not Listed, Specify: | | |
| | | Divorced/Separated | | | , , , | | Doctor's Office/ Therapist, |
| | | Widowed | | | | | Specify: |
| | | 7 | ' . I | Ra | ce/Ethnicity: | | |
| 3. | Se | x: | | | American Indian / Native | | Not Listed, Specify: |
| | | Male | | | American / Alaska Native | | |
| | | Female | | | Asian / Asian American | | |
| | | Intersex | | | Black / African American 10. | | ow did you learn about CCS? |
| | | | | | Latino/a or Spanish Heritage | | Presentation |
| 4. | Ge | ender Identity: | | | Middle Eastern or North | | Brochures/Pamphlets |
| | | Male | | | African | | Website |
| | | Female | | | Multiracial, Specify: | | Social Media |
| | | FTM / transgender male/ | | | | | Direct Referral (e.g., |
| | | trans man | | | Native Hawaiian / Other | | person/agency), Specify: |
| | | MTF / transgender | | | Pacific Islander | _ | |
| | | female/trans woman | | | White / European Descent | П | Ü |
| | | Genderqueer | | | Not Listed, Specify: | Ц | Movie Theater Advertising |
| | | Gender-nonconforming | | | | | Not Listed, Specify: |
| | | Questioning | | _ | | | |
| | | Not Listed, Specify: | 3. I | ке | ligious Affiliation: | | ighest Level of Education: |
| | | | L | | . 10.1.001.0 | | Some School Completed |
| _ | | d | L | | Atheist | | • |
| 5. | | w do you want to be referred | | | Buddhist | | High School Graduate/GED |
| | | (Pronouns): | _ | | Catholic | | Associate Degree |
| | | -he / him / his | | | Christian | | Bachelor's Degree |
| | | -she / her /hers | | | Hindu | | Master's Degree |
| | | -they/them/theirs | _ | | Jehovah's Witness | | Professional/Vocational |
| | | Not Listed, Specify: | _ | | Jewish | | Degree Doctorate Degree |
| | | | | | Mormon | Ш | poctorate pegree |
| | | | _ | | Muslim | | |
| | | | L | | Not Listed, Specify: | | |



| 12. | En | nployment 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: |
| 42 | D : | achility (Constitute Dhysical Constant) |
| 13. | וט | sability (Cognitive, Physical, Sensory) : □Yes □ No |
| | | 2163 2110 |
| | | If Disability, please specify: |
| 14. | Ple | ease mark any that apply: |
| | | 1 st Generation College-Student |
| | | Law Enforcement |
| | | Fire Department |
| | | Paramedic/EMT |
| | | Active Duty or Reserves (e.g., military) |
| | | Veteran |
| 15. | Ar | nnual Household Income Before Taxes (gross): |
| | | Less than \$16,999 |
| | | \$17,000 - \$24,999 |
| | | \$25,000 - \$49,999 |
| | | \$50,000 - \$99,999 |
| | П | \$100,000 or more |



| Nar | me: | Birthdate: | Age: |
|-----|--|--|---|
| | ationship to Child: [] Biological Parent | [] Step-Parent [] Adoptive/Foster | Parent [] Relative |
| | Other, Please list | _ | |
| | dress (if different from minor's address |): | |
| OK | to send mail: Yes No | | |
| | | | |
| 1. | County: | 6. Sexual Orientation: | 9. Who referred you to CCS (Check |
| | ☐ Los Angeles County | □ Bisexual | all that apply) |
| | ☐ Ventura County | □ Gay | □ Self |
| | □ Not Listed, Specify: | ☐ Heterosexual (Straight) | ☐ Friend |
| | | ☐ Lesbian | ☐ Family Member |
| | | ☐ Pansexual | ☐ Court System |
| 2. | Marital Status: | □ Queer | ☐ Agency (e.g., Social Services, |
| | □ Single | ☐ Questioning | Interface), Specify: |
| | ☐ Married/Civil Union | □ Not Listed, Specify: | |
| | ☐ Divorced/Separated | ,. | □ Doctor's Office/ Therapist, |
| | □ Widowed | | Specify: |
| | | 7. Race/Ethnicity: | <u> </u> |
| 3. | Sex: | ☐ American Indian / Native | □ Not Listed, Specify: |
| | □ Male | American / Alaska Native | |
| | □ Female | ☐ Asian / Asian American | 10. How did you learn about CCS? |
| | □ Intersex | ☐ Black / African American | Presentation |
| | | Latino/a or Spanish Heritage | ☐ Brochures/Pamphlets |
| 4. | Gender Identity: | ☐ Middle Eastern or North | □ Website |
| | □ Male | African | ☐ Social Media |
| | □ Female | ☐ Multiracial, Specify: | ☐ Direct Referral (e.g., |
| | ☐ FTM / transgender male/ | | person/agency), Specify: |
| | trans man | □ Native Hawaiian / Other | |
| | ☐ MTF / transgender | Pacific Islander | ☐ Bus Advertising |
| | female/trans woman | ☐ White / European Descent | Movie Theater Advertising |
| | ☐ Genderqueer | □ Not Listed, Specify: | ☐ Not Listed, Specify: |
| | ☐ Gender-nonconforming | = | . , |
| | ☐ Questioning | | |
| | □ Not Listed, Specify: | 8. Religious Affiliation: | 11. Highest Level of Education: |
| | | ☐ Agnostic | Some School Completed |
| | | ☐ Atheist | ☐ High School Graduate/GED |
| 5. | How do you want to be referred | □ Buddhist | ☐ Associate Degree |
| | to (Pronouns): | ☐ Catholic | ☐ Bachelor's Degree |
| | ☐ -he / him / his | ☐ Christian | ☐ Master's Degree |
| | □ -she / her /hers | ☐ Hindu | ☐ Professional/Vocational |
| | -they/them/theirs | ☐ Jehovah's Witness | Degree |
| | □ Not Listed, Specify: | ☐ Jewish | ☐ Doctorate Degree |
| | | ☐ Mormon | , |
| | | ☐ Muslim | |
| | | □ Not Listed, Specify: | |
| | | _ itot Listea, Specify. | |



| 12. | En | nployment 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. | Di | sability (Cognitive, Physical, Sensory) : □Yes □ No |
| | | ares and |
| | | If Disability, please specify: |
| 14. | Ple | ease mark any that apply: |
| | | 1 st Generation College-Student |
| | | |
| | | Law Enforcement |
| | | Law Enforcement Fire Department |
| | | |
| | | Fire Department |
| | | Fire Department Paramedic/EMT |
| 15. | | Fire Department Paramedic/EMT Active Duty or Reserves (e.g., military) Veteran |
| 15. | | Fire Department Paramedic/EMT Active Duty or Reserves (e.g., military) Veteran Annual Household Income Before Taxes (gross): |
| 15. | | Fire Department Paramedic/EMT Active Duty or Reserves (e.g., military) Veteran Anual Household Income Before Taxes (gross): Less than \$16,999 |
| 15. | | Fire Department Paramedic/EMT Active Duty or Reserves (e.g., military) Veteran Annual Household Income Before Taxes (gross): Less than \$16,999 \$17,000 - \$24,999 |
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| | | Fire Department Paramedic/EMT Active Duty or Reserves (e.g., military) Veteran |
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