

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:

- | | |
|---|--|
| <input type="checkbox"/> Auditory Impairment | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Attention Disorder | <input type="checkbox"/> Motor Impairment |
| <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Not Listed, |
| <input type="checkbox"/> Emotional Difficulty | Specify _____ |
| <input type="checkbox"/> Intellectual Disability | |

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

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
- 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:

- 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

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

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
- MTF / transgender
female/trans woman
- Genderqueer
- Gender-nonconforming
- Questioning
- Not Listed, Specify:

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- Jewish
- Mormon
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Interface), Specify:

Doctor's Office/ Therapist,
Specify:

Not Listed, Specify:

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person/agency), Specify:

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

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):

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Parent/Guardian 2:

Name: _____ **Birthdate:** _____ **Age:** _____

Relationship to Child: Biological Parent Step-Parent Adoptive/Foster Parent
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