

California Lutheran University Community Counseling Services

Child/Adolescent Information Sheet

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

Date			
Name of Chile			
Date of Birth			
	Relationship to	Child	OK to leave a message:
Phone ()			□Yes □ No
Phone ()			☐Yes ☐ No
Phone ()			☐Yes ☐ No
Home Addres	ss: O	K to send m	nail: □Yes □ No
City and Cour	ntry of Birth		
Current Grad	e at School (If summer, enter grade child will be	gin in Septe	ember):
Does your ch	ild receive special education services at school	P □Yes	□No
If yes, please	mark what led to eligibility of services:		
	Auditory Impairment		Intellectual Disability
	Attention Disorder		Learning Disability
	Autism Spectrum		Motor Impairment
	Chronic Health Condition		Visual Impairment
	Emotional Difficulty		Not Listed, Specify



Does your child currently take any prescribed medication?					
If yes, ple	yes, please list the <u>name</u> of the medication(s) and <u>dosage(s)</u> :				
CURRENT	CURRENT FAMILY INFORMATION:				
Are there	e child custody orders	?			
Please Lis	st CHILD/ADOLESCENT	Γ'S SIBLINGS (in	dicate if Step-SIBLINGS)	:	
	Name:	Age:	School or Occupation:	Grade	Lives At home
					Yes No
					Yes No
					Yes No
					Yes No
					Yes No
0	thers living in the hon	ne (and their re	lationship):		
1.					
					



Child/Adolescent Demographics

1.	County:		
	Los Angeles CountyVentura CountyNot Listed, Specify	6. Race/Ethnicity: American Indian / Native American / Alaska Native Asian / Asian American Black / African American	9. How did you learn about CCS?PresentationBrochures/Pamphlets
2.	Sex: Male Female Intersex	 Latino/a or Spanish Heritage Middle Eastern or North African Multiracial, Specify: 	WebsiteSocial MediaDirect Referral (e.g., person/agency), Specify:
3.	Gender Identity: Male Female FTM / transgender male/ trans man	 Native Hawaiian / Other Pacific Islander White / European Descent Not Listed, Specify: 	☐ Bus Advertising☐ Movie Theater Advertising☐ Not Listed, Specify:
	 MTF / transgender female/trans woman Genderqueer Gender- nonconforming Questioning Not Listed, Specify: 	7. Religious Affiliation: Agnostic Atheist Buddhist Catholic Christian Hindu	10. Extracurricular activities/Part-time job:
4.	How does child want to be referred to (Pronouns):	 Jehovah's Witness Jewish Mormon Muslim Unknown Not Listed, Specify: 	11. 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



Pi	ease check the items that BEST describe why y	ou 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):	



Parent/Guardian 1:

Nan	ne:		_Birthdate:	Age:
Rela	ationship to Child: [] Biological Parent	[] Step-Parent	[] Adoptive/Foster Parent	[] Relative
[] O	ther, Please list	_		
	dress (if different from minor's address):			
OK	to send mail:			
1.	County: 6.	Sexual Orientat		Who referred you to CCS (Check
	Los Angeles County	Bisexual	ć	all that apply)
	☐ Ventura County	Gay		Self
	□ Not Listed, Specify:	☐ Heterosexu	ai (Straight)	Friend
		☐ Lesbian		Family Member
2.	Marital Status:	□ Pansexual	L	
۷.		Queer	L	Agency (e.g., Social Services,
	☐ Single☐ Married/Civil Union	Questioning		Interface), Specify:
	•	□ Not Listed, S	• •	Doctor's Office / Thoronist
	☐ Divorced/Separated			= = = = = = = = = = = = = = = = = = = =
	□ Widowed	Doos /Ethysisia		Specify:
3.	7. Sex:	Race/Ethnicity:		Not Listed, Specify:
Э.	□ Male		idian / Native Alaska Native	Not listed, specify.
		·		
		☐ Asian / Asia		How did you learn about CCS?
	□ Intersex			Presentation
4.	Gender Identity:		Spanish Heritage	☐ Brochures/Pamphlets
4.	□ Male		ern or North	
	☐ Female	African		Social Media
		 Multiracial, 	_	☐ Direct Referral (e.g.,
	☐ FTM / transgender male/ trans man		aiian / Other	person/agency), Specify:
	☐ MTF / transgender	Native HawPacific Islan	·	person/agency/, specify.
	female/trans woman		_	Bus Advertising
	☐ Genderqueer		opean beseem	☐ Movie Theater Advertising
	☐ Gender-nonconforming	□ Not Listed, S	specity.	Not Listed, Specify:
	Questioning			- Not Listed, Specify.
	<u> </u>	Religious Affilia	ntion:	
	inot Listed, Specify.	☐ Agnostic		Highest Level of Education:
		☐ Atheist	[
5.	How do you want to be referred	☐ Buddhist		
٠.	to (Pronouns):	☐ Catholic		
	☐ -he / him / his	☐ Christian	Г	
	□ -she / her /hers	☐ Hindu		
	-they/them/theirs	☐ Jehovah's W		
	□ Not Listed, Specify:	☐ Jewish	riciic33	Degree
		□ Mormon	Г	Doctorate Degree
		□ Muslim		200.00
		□ Not Listed, S	Snecify:	
		inot Listeu,	эрсспу.	



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:
	D. 100 (0 0)
13.	Disability (Cognitive, Physical, Sensory):
	□Yes □ No
	If Disability, please specify:
14.	Please mark any that apply:
	☐ 1 st 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
	□ \$50,000 - \$99,999
	□ \$100,000 or more



Parent/Guardian 2:

Nar	me:		Birthdate:	Age:	
	ationship to Child: [] Biological Parent	[] Step-Parent	[] Adoptive/Foster Parer	t [] Relative	
	Other, Please list				
	Iress (if different from minor's address):				
OK	to send mail:				
1.	County: 6	Sexual Orienta	tion:	□ Mormon	
	☐ Los Angeles County	☐ Bisexual		☐ Muslim	
	☐ Ventura County	□ Gay		☐ Not Listed, Spec	ify:
	□ Not Listed, Specify:	☐ Heterosexu	al (Straight)		
		Lesbian			
		Pansexual	9.	Who referred you t	o CCS (Check
2.	Marital Status:	☐ Queer		all that apply)	
	□ Single	☐ Questioning	3	Self	
	☐ Married/Civil Union	□ Not Listed,		Friend	
	☐ Divorced/Separated			☐ Family Member	
	□ Widowed			☐ Court System	
	7.	Race/Ethnicity:	:	☐ Agency (e.g., Soc	ial Services,
3.	Sex:	American Ir	ndian / Native	Interface), Specif	y:
	□ Male	American /	Alaska Native		
	☐ Female	Asian / Asia	n American	□ Doctor's Office/	Γherapist,
	□ Intersex	☐ Black / Afric	can American	Specify:	
		☐ Latino/a or	Spanish Heritage		
4.	Gender Identity:	☐ Middle East	tern or North	□ Not Listed, Speci	fy:
	☐ Male	African			
	☐ Female	☐ Multiracial,	Specify: 10.	How did you learn a	about CCS?
	☐ FTM / transgender male/			Presentation	
	trans man	□ Native Haw	aiian / Other	☐ Brochures/Pamp	hlets
	☐ MTF / transgender	Pacific Islan	der	☐ Website	
	female/trans woman	☐ White / Eur	opean Descent	☐ Social Media	
	☐ Genderqueer	□ Not Listed,	Specify:	☐ Direct Referral (e	•
	☐ Gender-nonconforming			person/agency),	Specify:
	☐ Questioning				
	□ Not Listed, Specify: 8.	•	ation:	☐ Bus Advertising	
		☐ Agnostic		Movie Theater A	•
		Atheist		☐ Not Listed, Speci	fy:
5.		Buddhist			
	to (Pronouns):	□ Catholic			
	-he / him / his	☐ Christian	11.	Highest Level of Edu	
	□ -she / her /hers	□ Hindu		☐ Some School Co	•
	□ -they/them/theirs	□ Jehovah's V	Vitness	 High School Gra 	
	□ Not Listed, Specify:	□ Jewish		 Associate Degre 	
				☐ Bachelor's Degre	
				☐ Master's Degree	
				Professional/Vo	cational
				Degree	



☐ Doctorate Degree

12.		Inployment 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
		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
		\$100,000 or more