

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 _____

Date of Birth _____

	Relationship to Child	OK to leave a message:
Phone () _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone () _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
Phone () _____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Home 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:

- | | |
|---|--|
| <input type="checkbox"/> Auditory Impairment | <input type="checkbox"/> Intellectual Disability |
| <input type="checkbox"/> Attention Disorder | <input type="checkbox"/> Learning Disability |
| <input type="checkbox"/> Autism Spectrum | <input type="checkbox"/> Motor Impairment |
| <input type="checkbox"/> Chronic Health Condition | <input type="checkbox"/> Visual Impairment |
| <input type="checkbox"/> Emotional Difficulty | <input type="checkbox"/> 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? _____

Is there a conservatorship? _____

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. _____

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

Please check the items that BEST describe 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 _____

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
☐ MTF / transgender
female/trans woman
☐ Genderqueer
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☐ Agency (e.g., Social Services,
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Specify:

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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

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 ☐ Relative

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