

Confidential Information

Parent Information Sheet

Today's Date: _____

Name of child referred for counseling _____

Please complete information for each parent or step-parent living with the child:

Name _____ Mother Step-mother Father Step-father

Birth Date _____

Home Phone _____ Work Phone _____ Work Hours _____

Check one: Never Married Married Separated Divorced Remarried Widowed Living Together

Maiden Name _____ Previous Married Name(s), if any _____

If living with another parent, how long? _____ How many years of education have you completed? _____

Employment status: Unemployed Employed part-time Employed full-time Retired

If employed, what type of work do you do? _____

What is your Race? Check all that apply: White Black/African American North/South American Indian Asian Pacific Islander Other

Are you of Latin or Hispanic ethnicity? Yes No

If you have received mental health treatment or counseling, please indicate where and when _____

Name _____ Mother Step-mother Father Step-father

Birth Date _____

Home Phone _____ Work Phone _____ Work Hours _____

Check one: Never Married Married Separated Divorced Remarried Widowed Living Together

Maiden Name _____ Previous Married Name(s), if any _____

If living with another parent, how long? _____ How many years of education have you completed? _____

Employment status: Unemployed Employed part-time Employed full-time Retired

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