

Date: \_\_\_\_\_

## *Awakened Awareness, LLC*

### Parent Questionnaire and Consent for Treatment of Minors

Parent's Name: \_\_\_\_\_

Custodial parents are: ☐ Married ☐ Separated ☐ Divorced

Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Phone: \_\_\_\_\_ Parent's Email: \_\_\_\_\_

Is it ok to leave messages? Yes ☐ No ☐

Main Concern/Problem: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long has this been happening? \_\_\_\_\_

\_\_\_\_\_

Factors you believe contribute(d) to the problem(s): \_\_\_\_\_

\_\_\_\_\_

What would you like to see happen? \_\_\_\_\_

\_\_\_\_\_

What have you tried in the past to fix the problem & were they successful? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do you currently discipline or enforce rules with your child? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What obstacles do you believe could inhibit change or progress?

\_\_\_\_\_

Any major recent or upcoming events happening in your child's life? \_\_\_\_\_  
\_\_\_\_\_

What strengths do you see in your child? \_\_\_\_\_  
\_\_\_\_\_

Describe the relationship between you and your child: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What is the relationship between other household members and your child? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does Child Protective Services (CPS) have a current open case file regarding your family?

☐ Yes

☐ No

This is to certify that I give permission to Awakened Awareness and the counselors there for treatment of my child. This treatment may include consultations with other associates of this institution. It also may include referrals to other appropriate State and County or professional agencies for further counseling. In the event of divorce or separation both legal parents/guardians must authorize treatment of minor.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date