

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