Luminarias Institute Inc.

A Brighter Tomorrow
Beginning Today

601 S. Brand Blvd., Ste 110
San Fernando, CA 91340

www.Luminarias.org
Ben@Luminarias.org

Client Name: ______________________ Age: ________

School/Site: ______________________ Grade: ________

Client Language: ______________________ Generation: ________

Client Date of Birth: ______________________ Religious Affiliation: ________

Client Cell #: ______________________ Guardian's #: ________

Client E-Mail: ______________________

Client's Address: ______________________

City: ______________________ State:______ Zip Code: ________

Guardian's Name: ______________________ Relationship to Client: ________

Guardian's Preferred Language: ______________________ Generation: ________

Guardian's E-Mail: ______________________

Please add Other contact and/or an Emergency Contact:

Contact Name: ______________________ Cell: ________

Check all that apply: (List Frequency, Intensity, Duration or Onset - when applicable)

- ☐ Arguing/fighting with siblings or friends
- ☐ Chronic health issues
- ☐ Housing or Food Insecurity
- ☐ Witness to violence in home/community
- ☐ Coping with divorce or separation
- ☐ Social awkwardness and/or isolation
- ☐ Alcohol or other substance abuse
- ☐ Immigration Issues
- ☐ Peer pressure
- ☐ Grade (repeated or retained) ____________
- ☐ Anger outbursts or irritability
- ☐ Negative thoughts
- ☐ Complains of feeling unwell
- ☐ Difficulty concentrating
- ☐ Academic issues/underachievement
- ☐ Bullying or intimidation
- ☐ Tense or fidgety
- ☐ Grief and loss
- ☐ Anxiety/constant worries
- ☐ IEP's/504 plans info: ____________
- ☐ Other reason for referral/chief complaint: ______________________

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For administrative use only:

- ☐ Intake & Consent forms in Dropbox
- ☐ Copy of Insurance Card in Dropbox
- ☐ Copy of Insurance Card Needed ASAP
- ☐ Uninsured
- ☐ Email Therapist, Supervisor of case assignment
- ☐ Email Rosie, cc: Ben and Supervisor Intake Date

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CONSENT FORM

Student's Name: ______________________________ Grade: __________

Student's Date of Birth: ______________________________ Age: __________

I, ______________________________, am the legal parent/guardian of ______________________________ (student name). As the parent or legal guardian with the authority to consent on behalf of the minor child named above, I hereby give my consent for the minor to seek counseling, psychotherapy, psychological assessment and/or psychiatric care from the professional staff associated with or employed by **Luminarias Institute, Inc.** I have read, understand, and agree to the terms of the School Counseling Informed Consent of ______________________________ (SCHOOL/SITE NAME/PERSON REFERRING).

Luminarias will be the mental health provider responsible for the care of my student. I understand that I am entitled to request about the general nature and extent of the risks involved in the treatment, and alternative treatment options. I understand that Luminarias is a training and research institute and I give permission for my child to be audio or video taped for the training of the Luminarias staff.

- I give permission for my child to receive individual and/or group counseling services while enrolled in school.
- I understand that I may withdraw my consent at any time by signing and dating a written note requesting termination of counseling services.
- I consent to participate in **telemental** health with **Luminarias** and I understand that telemental health is the practice of delivering health care services via technology assisted media or other electronic means between a practioner and a client who are located in two different locations.
- I understand that I may request counseling services at a later date, if needed.

Custodial Parent/Guardian Signature: ______________________________ Date: __________

Guardian's Relationship to Student: ______________________________ Cell: ______________________________

Phone Number: Home: ______________________________ Other: ______________________________

Address: ______________________________

City: ______________________________ State: __________ Zip Code: __________

Access Issues/Comments: ______________________________

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For administrative use only:

- ☐ Copy of insurance card (front and back) is attached to this form
- ☐ Copy of insurance card is not available but will be turned in ASAP
- ☐ Student is currently uninsured