



**Walk-In Therapy Clinic  
Client Questionnaire – Collateral**

File #: \_\_\_\_\_

Your Name: (First) \_\_\_\_\_ (Last) \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
MO DY YR

Your relationship to the child: \_\_\_\_\_

Your Agency/Service Affiliation: \_\_\_\_\_

Your Address: \_\_\_\_\_ Phone: # \_\_\_\_\_

\_\_\_\_\_

City

Postal Code

**IDENTIFIED CHILD/CHILDREN:**

Name (First)	(Last)	DOB (MO,DY,YR)	Gender ____male ____female
Address	PO Box:	City	Postal Code
School:	Grade:	Allergies:	Medication:
Home Phone:		Cell Phone:	

Name (First)	(Last)	DOB (MO,DY,YR)	Gender ____male ____female
Address (if different from sibling)	PO Box:	City	Postal Code
School:	Grade:	Allergies:	Medication:
Home Phone:		Cell Phone:	

**MOTHER:**

Name: (First)	(Last)	DOB: (MO,DY,YR)	Home Phone:
Address (if different than child):			Cell Phone:
			Work Phone:
			Email:

**FATHER:**

Name: (First)	(Last)	DOB: (MO,DY,YR)	Home Phone:
Address (if different than child):			Cell Phone:
			Work Phone:
			Email:

Marital Status of Parents:  Single  Married  Common-Law  Separated  Divorced

Child is currently residing with:  Mother  Father  Grandparents  Foster Care  Group Home  Other \_\_\_\_\_

Child/Youth's Legal Guardian: \_\_\_\_\_

1. Has this family/child received services from our agency in the past?  **Yes** Date: \_\_\_\_\_  **No**

2. List any other agencies or services involved:

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\_\_\_\_\_

3. Is this child currently involved with the Youth Criminal Justice System?  **Yes**  **No**

4. What problem/concern do you have about this family/child today?

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5. If **1 is the worst** and **10 is the best**, how would you rate your concerns for this family/child?  
**Worst 1 2 3 4 5 6 7 8 9 10 Best**

6. What would be important for us to know about the background of this problem?

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7. What is this family's/child's strengths?

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8. What would you like to see accomplished in this meeting today?

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9. In what ways do you currently provide support to this child/family?

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10. In what ways could you offer further or different support?

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11. Is there anything you feel is important for us to know about the family/child's culture, ethnicity, religion, language, sexual orientation, mental or physical health, or other?

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