



Walk-In Therapy Clinic
Youth Questionnaire (12-17 Years of age)

Date: _____

File #: _____

Name (First) (Last)		DOB (MO,DY,YR)	Gender ___male ___female
Address	PO BOX:	City	Postal Code
			Home Phone: Cell Phone: Email:
School:	Grade:	Allergies:	Medication:

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

Youth is currently residing with: Mother Father Grandparents Foster Care Group Home Other _____

Youth's Legal Guardian: _____

MOTHER:

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

FATHER:

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

STEP-PARENTS:

Step-Mother's Name:	DOB: (MO,DY, YR)
Step-Father's Name:	DOB: (MO,DY, YR)

SIBLINGS – currently living with you: (include relation – (i.e. brother/ half-brother)

Sib #	Name (First) (Last)	Relation (brother, half-brother, etc)	DOB: (MO,DY,YR)
1			
2			
3			

1. Have you received services from our agency in the past? **Yes** Date: _____ **No**
2. Have you ever accessed Mental Health Crisis Services at Bluewater Health? **Yes** Date: _____ **No**
3. Who referred you to this clinic or how did you hear about this clinic? _____
4. Are you currently involved with the Youth Criminal Justice System? **Yes** **No**

5. What problem/concern would be most helpful to talk about today?

6. If **1 is the worst** and **10 is the best**, how are things in your life today?

Worst 1 2 3 4 5 6 7 8 9 10 **Best**

7. How does this problem affect:

a.) you? _____

b.) Your family? _____

8. How long has this problem been around?

1 - 3 months _____ in the last year _____ longer than a year _____

9. What is it like when this problem is around?

10. Are you currently at any risk of harm to yourself or to others: Yes No

11. What would someone else like and respect most about you if they had a lot of time to get to know you? It is okay to guess.

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