



**Walk-In Therapy Clinic**  
Client Questionnaire – Parent/Guardian

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

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

**IDENTIFIED CHILD/CHILDREN:**

Name (First) _____ (Last) _____		DOB (MO,DY,YR) _____	Gender: _____
Address _____	P.O. Box _____	City _____	Postal Code _____
Home Phone: _____			Cell Phone: _____
Self-Identification (optional): I wish to identify my child as: <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Other: _____			
School: _____	Grade: _____	Allergies: _____	Medication: _____

Name (First) _____ (Last) _____		DOB (MO,DY,YR) _____	Gender : _____
Address _____	P.O. Box _____	City _____	Postal Code _____
Home Phone: _____			Cell Phone: _____
Self-Identification (optional): I wish to identify my child as: <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Other: _____			
School: _____	Grade: _____	Allergies: _____	Medication: _____

**ABOUT THE CHILD/CHILDREN'S FAMILY:**

**PARENT:**

Name: (First) _____ (Last) _____		DOB: (MO,DY,YR) _____	Gender: _____	Home Phone: _____
Relationship to child (mom, dad etc.): _____		Address (if different than child): _____		Cell Phone: _____
				Work Phone: _____
				Email: _____

**PARENT:**

Name: (First) _____ (Last) _____		DOB: (MO,DY,YR) _____	Gender: _____	Home Phone: _____
Relationship to child (mom, dad etc.): _____		Address (if different than child): _____		Cell Phone: _____
				Work Phone: _____
				Email: _____

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

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

**Are you currently involved in any legal process regarding custody and access?**  Yes  No

**Is there a legal custody agreement?**  Yes  No

**Custody Type:**  Sole custody mother  Sole custody Father  Joint Custody  Interim  Other (explain): \_\_\_\_\_

**Child's Legal Guardian:** Name: \_\_\_\_\_ Gender: \_\_\_\_\_ Relationship to child: \_\_\_\_\_

**STEP-PARENTS:**

Step-Parent's Name: _____	DOB: (MO,DY, YR) _____	Gender: _____	Relationship to child: _____
Step-Parent's Name: _____	DOB: (MO,DY, YR) _____	Gender: _____	Relationship to child: _____

**SIBLINGS – currently living with child:** (include relationship to child – i.e. brother/ half-brother)

Sib #	Name (First) _____ (Last) _____	Relationship to child (brother, half-brother, etc)	DOB: (MO,DY,YR) _____
1			
2			
3			
4			

1. Who referred you to this clinic or how did you hear about this clinic? \_\_\_\_\_

2. List any other agencies or services involved: \_\_\_\_\_

**GETTING READY FOR YOUR SESSION:** Your answers will help us understand and work with you/your child in the session.

3. What concern/issue would be most helpful to talk about today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. How does this concern affect:  
a.) You? \_\_\_\_\_  
\_\_\_\_\_  
b.) Your child/children? \_\_\_\_\_  
\_\_\_\_\_

5. How long has this issue been around?     1 - 3 months                       in the last year                       longer than a year

6. Are you, your child, or anyone with you, at risk of harm to self or to others:  Yes                       No

7. If **1 is the WORST** and **10 is the BEST**, how are things in your life today? (please circle your response)

WORST.....BEST									
1	2	3	4	5	6	7	8	9	10

8. Imagine what will look different when the issue is not around. What will you see?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. Tell us about time when you solved any problem in a way that left you feeling proud.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. What would someone who cares about YOU most appreciate about YOU?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. What do you and/or others most appreciate about YOUR CHILD/CHILDREN?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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