



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

Date: _____

File #: _____

ABOUT YOU

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

ABOUT YOUR FAMILY

PARENT:

Name: (First) _____ (Last) _____		DOB: (MO,DY,YR) _____	Gender: _____	Home Phone: _____ Cell Phone: _____
Relationship to you: _____		Address (if different than yours): _____		

PARENT:

Name: (First) _____ (Last) _____		DOB: (MO,DY,YR) _____	Gender: _____	Home Phone: _____ Cell Phone: _____
Relationship to you: _____		Address (if different than yours): _____		

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

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

Youth's Legal Guardian: _____

STEP-PARENTS:

Step-Parent's Name: _____	DOB: (MO,DY, YR) _____	Gender: _____	Relationship to you (step-mom, step-dad, etc.): _____
Step-Parent's Name: _____	DOB: (MO,DY, YR) _____	Gender: _____	Relationship to you (step-mom, step-dad, etc.): _____

SIBLINGS – currently living with you: (include relationship to you – e.g. brother, half-brother etc.)

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

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

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

2. Why have you come today?

3. What problem would be most helpful to talk about today?

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

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

6. Are you currently at any risk of harm to yourself 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. What would be the best thing that could happen in this meeting today?

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

10. 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?
