

Today's Date: \_\_\_\_\_

Client Name: \_\_\_\_\_  Parent  Child/Youth

Gender: \_\_\_\_\_ Grade: (if applicable) \_\_\_\_\_

Child/Youth Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Parent/Guardian Date of Birth: \_\_\_\_\_

If you are here about your child under the age of 12, are you their parent or legal guardian?  Yes  No

What is the current guardianship of the child?

Birth/Adoptive Parents are together

Grandparents

Family & Children's Services

Other \_\_\_\_\_

Birth/Adoptive Parents are separated  
– if checked please indicate custody:

Formal Joint Custody

Mother has Sole Custody

Father has Sole Custody

No Formal Custody Agreement

Do you identify with a First Nation Community?  Yes  No

What is your first language? \_\_\_\_\_

Are you new to Canada?  Yes  No

Where is your country of origin? \_\_\_\_\_

Are you (or anyone with you) having thoughts or actions of harming self (suicide, self-harm)?

Currently  Recently  No

Are you (or anyone with you) having thoughts or actions of harming others (domestic violence, violence)?

Currently  Recently  No

Did someone suggest you come to Walk In?  Yes  No

If yes, who? \_\_\_\_\_

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What concerns brought you here today?

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What are you hoping for out of today's session?

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