



WALK-IN COUNSELLING CLINIC
CLIENT QUESTIONNAIRE - PARENT/GUARDIAN

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

Child's name: \_\_\_
First Last

Gender Identity: \_\_\_\_\_

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

Current Age: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone: H \_\_\_\_\_ [ ] Message okay?
city postal code

Is this address: [ ] North or [ ] South of Upper Middle Road?

Family members: \_\_\_\_\_ Ages: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Child Care Centre: \_\_\_\_\_

Does the child attend a Before and After School Care Program? [ ] YES [ ] NO

If yes, provide the name of the program: \_\_\_\_\_

Information - Parent/Guardian 1:

Information - Parent/Guardian 2:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Relation to child: \_\_\_\_\_

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

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

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ [ ] Message okay?
(B) \_\_\_\_\_ [ ] Message okay?
(C) \_\_\_\_\_ [ ] Message okay?

Phone: (H) \_\_\_\_\_ [ ] Message okay?
(B) \_\_\_\_\_ [ ] Message okay?
(C) \_\_\_\_\_ [ ] Message okay?

Child's Legal Guardian: \_\_\_\_\_ Child lives with: \_\_\_\_\_

Are you currently involved in any legal process regarding custody and access? [ ] YES [ ] NO

Is there a legal custody agreement? [ ] YES [ ] NO

Custody Type \_\_\_\_\_ (A-Sole Custody Mother, B-Sole Custody Father, C-Joint Custody, D-Interim, E-Other (explain))

\*If C-Joint Custody, is the other custodial parent aware that you have brought your child today and that you are seeking services at ROCK? [ ] Yes [ ] No

\*If E-Other, Please explain: \_\_\_\_\_

- 1. Has your child or family received services from our agency...
2. Who referred you to this clinic?
3. List any other services involved:
4. Are you, your child, or anyone with you, at risk of harm to self or to others?
[ ] YES Who: [ ] NO

1. What concerns have brought you here today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. 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

3. How does this problem affect:  
a.) you? \_\_\_\_\_  
b.) your children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

5. What would be most helpful to talk about in this meeting today?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. How will you know when you have achieved the changes you desire?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. Remember a problem that happened any time in your life that you resolved in such a way that left you feeling proud of yourself. What did you do that you felt proud of?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. a) What would someone else come to admire and respect most about you if they had months or years to get to know you? It's OK to guess.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. b) What would someone else come to admire and respect most about your child if they had months or years to get to know them? It's OK to guess.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. For us to be most helpful is there anything you feel is important for us to know about your culture, ethnicity, religion, language, sexual orientation, mental or physical health, or other?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_