



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

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... YES NO
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 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, gender identity/expression, mental or physical health, or other?

