HÔTEL-DIEU GRACE HEALTHCARE

REGIONAL CHILDREN'S CENTRE

CLIENT INFORMATION – PARENT/GUARDIAN QUESTIONNAIRE
WALK-IN COUNSELLING CLINIC

Date: _____ (MM/DD/YYYY) Time: ___ (HH:MM)

Questionnaire Completed by: _____

Who referred you to this clinic? _____

Child's Legal Name: _____ (First / Middle / Last) Child's DOB: _____ (MM/DD/YYYY) ☐ Male ☐ Female ☐ Other

Child's Address: _____ Street City Postal Code

Child's Home Phone #: _____

Parent / Caregiver's Name: _____ Relationship to Child: _____

Place of Employment: _____ Work Phone #: _____

Contact at work? ☐ Yes ☐ No Cell Phone #: _____

If address is different from identified child, please provide the following:

_____ Street City Postal Code Phone #

Parent / Caregiver's Name: _____ Relationship to Child: _____

Place of Employment: _____ Work Phone #: _____

Contact at work? ☐ Yes ☐ No Cell Phone #: _____

If address is different from identified child, please provide the following:

_____ Street City Postal Code Phone #

Child's Legal Guardian: _____

Custody: ☐ Sole Custody ☐ Joint Custody ☐ Biological Parents are Married

☐ Not yet established – Please explain: _____

_____

WHO LIVES WITH THE CHILD:

NAME	DATE OF BIRTH	RELATIONSHIP TO THE CHILD

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School: _____ Grade: _____ IEP: _____

Family Doctor / Pediatrician: _____

Psychiatrist: _____

MEDICATION	REASON FOR MEDICATION

Has your child/youth received treatment from another agency or individual in the past? ☐ Yes ☐ No

If yes, please indicate where and when: _____

_____

_____

_____

Are there any religious or cultural values that we need to be aware of? ☐ Yes ☐ No

Please describe: _____

_____

_____

_____

PLEASE COMPLETE THE FOLLOWING QUESTIONS:

1. Is your child at risk of harm to self or to others?
   ☐ Yes – Who? _____ ☐ No ☐ Not Sure

2. What concerns have brought you here today? _____

_____

_____

_____

_____

_____

_____

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3. What would be most helpful to talk about in this session today? _____

_____

_____

_____

_____

4. What are the strengths of your child and your family? _____

_____

_____

_____

_____

_____