

## "THE TALK-IN CLINIC"

### CLIENT QUESTIONNAIRE – PARENT/GUARDIAN

*Please fill in all fields*

Parent/Guardian Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DY MO YR

Child's Name:

1) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ School: \_\_\_\_\_ GR \_\_\_\_  
YR MO DY

2) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ School: \_\_\_\_\_ GR \_\_\_\_  
YR MO DY

Address: \_\_\_\_\_ Phone: H \_\_\_\_\_  Message okay?  
B \_\_\_\_\_  Message okay?

\_\_\_\_\_ town \_\_\_\_\_ postal code

Family members: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY)  
*(first & last names)* \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY)  
 \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY)  
 \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY)  
 \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY)

Child's Legal Guardian: \_\_\_\_\_ 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 'E' – Other, please explain: \_\_\_\_\_

1. Has your child or family received services from our agency, Children's Mental Health Services, in the past or have you ever contacted our Crisis Services?  
 Yes, Date: \_\_\_\_\_  No

2. **Who referred you to this clinic?** \_\_\_\_\_  
 \_\_\_\_\_

3. List any other services involved at this time: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_