

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?

- | | |
|--|--|
| <input type="checkbox"/> Birth/Adoptive Parents are together | <input type="checkbox"/> Birth/Adoptive Parents are separated
- if checked please indicate custody: |
| <input type="checkbox"/> Grandparents | <input type="checkbox"/> Formal Joint Custody |
| <input type="checkbox"/> Family & Children's Services | <input type="checkbox"/> Mother has Sole Custody |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Father has Sole Custody |
| | <input type="checkbox"/> 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? _____

- CONTINUED ON NEXT PAGE -

