



Talk-In Clinic Registration Form Parent / Guardian Questionnaire

Today's Date: _____

Child / Youth's Information:

Name (Required):	
Date of Birth (Required):	
School / Grade:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other

Parent / Guardian Information:

	Parent / Guardian 1	Parent / Guardian 2
Name (Required):		
Relation to child / youth:		
Date of Birth:		
Address		
Phone number:		
Is leaving a message okay?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
Email (optional):		

Child's / Youth's Legal Guardian:	
Child / Youth lives with:	
Are you currently involved in any legal proceedings regarding custody and access?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Is there a legal custody agreement?	<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Not Applicable
Custody Type:	<input type="checkbox"/> Sole <input type="checkbox"/> Joint <input type="checkbox"/> Interim <input type="checkbox"/> CAS <input type="checkbox"/> Other If other, explain:

1. Have you been to the Talk-In Clinic before? YES NO
2. Have you ever been involved with the Crisis and Intake Team (CIT)? YES NO
3. Have you received services from Vanier Children's Services? YES NO
4. Have you received services from Craigwood Youth Services? YES NO
 If yes, please elaborate: _____
5. List any other services involved with your family: _____
6. Would you have gone to the Emergency Department if the talk-in service was not available?
 YES NO

7. How did you hear about the Talk-In Clinic? _____

8. Are you, your child, or anyone with you, at risk of harm to self or to others?

YES WHO: _____ NO

9. What would be most helpful to talk about in this meeting today? _____

10. If 1 is the worst and 10 is the best, how are things in the life of your child today?

Worst 😞 1 2 3 4 5 6 7 8 9 10 😊 Best

11. What would be important for us to know about the effects and background of this problem? What is it like when this problem is around?

12. How will you know when changes you desire have been achieved?

13. What would we like and respect most about you, and / or your child, if we had a lot of time to get to know you?

14. For us to be most helpful is there anything you feel is important for us to know about your, or your child's, gender, culture, ethnicity, race, sexual/affectional orientation, age, physical and mental abilities, religious beliefs, socio-economic status, mental or physical health, or other?

Thank you!