



WALK-IN COUNSELLING CLINIC

INTAKE CLIENT INFORMATION FORM

Please fill out this information form as carefully and thoroughly as possible. If you need any help, please ask your Intake Worker. This information is confidential and will be used by your Counsellor to assist you.

YOUTH INFORMATION:

Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Address: _____

City: _____ Postal Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

School: _____ Grade: _____

Language(s) Spoken: _____

Family Doctor's Name: _____ Telephone: _____

PARENT/GUARDIAN/ACCOMPANYING ADULT # 1

Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Relationship to Youth: _____

Address (if different from youth): _____

City: _____ Postal Code: _____

Home Phone (if different from youth): _____ Cell Phone: _____

E-mail: _____

PARENT/GUARDIAN/ACCOMPANYING ADULT # 2

Full Name: _____

Date of Birth: _____ Age: _____ Gender: _____

Relationship to Youth: _____

Address (if different from youth): _____

City: _____ Postal Code: _____

Home Phone (if different from youth): _____ Cell Phone: _____

E-mail: _____

1. How did you hear about us?

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

☹ Worst 1 2 3 4 5 6 7 8 9 10 Best ☺

3. What is the one problem or concern that is most important for you to work on today?

4. How would you rate your ability to cope with this problem/concern?

☹ Very Poor 1 2 3 4 5 6 7 8 9 10 Very Well ☺

5. When you leave Frontenac Youth Services today, what do you hope will be different for you?

6. a) Are you currently at risk of suicide? Yes No

b) Are you currently at risk of harming yourself? Yes No

c) Are you currently at risk of harming others? Yes No

7. Are you currently involved in any court or legal proceedings that are affecting why you are here today? Yes No

If yes, please specify the type of legal involvement:

8. Are you currently facing any addiction challenges (i.e. drugs, alcohol, gaming)?

Yes No

If yes, please specify:

9. What strengths/resources do you, your youth or your family have that helped you in difficult times?

10. 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, communication needs, or other?

11. Are there any barriers that you or your family are facing in accessing or receiving services?

12. Is there anything else that you would want the counsellor to know before your session?

OFFICE USE ONLY

Completed Durham Central Intake Screening: Yes No Date: _____
Intake Worker: _____ YFC Assigned: _____
Session Date: _____ Last Walk In Session Date: _____
Arrival Time: _____ Start Time: _____ End Time: _____