1160 Simcoe Street South
Oshawa Ontario L1H 5L8
www.frontenacyouthservices.org

Phone 905-579-1551
Toll Free 1-877-455-5527
Fax 905-723-7059

FRONTENAC YOUTH SERVICES

WALK-IN COUNSELLING CLINIC

RETURNING 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.

Name of Client (s):

_____ Date of Birth (MM/DD/YY): ___/___/___

_____ Date of Birth (MM/DD/YY): ___/___/___

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1. 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 ☺

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

   _____

   _____

   _____

   _____

3. 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 ☺

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

   _____

   _____

Charitable Registration Number 13273 8691 RR0001

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

_____

_____

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

_____

_____

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: _____

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