



**Walk- In Therapy Clinic
Child Questionnaire (8-11 years of age)**

Date: _____

File #: _____

ABOUT YOU

Name: (First) _____ (Last) _____		DOB (MO,DY,YR) _____	Gender: _____
Self- Identification (optional): I wish to identify myself as: <input type="checkbox"/> First Nation <input type="checkbox"/> Métis <input type="checkbox"/> Inuit <input type="checkbox"/> Other: _____			
Address _____	P.O. Box _____	City _____	Postal Code _____
			Home Phone: _____ Cell Phone: _____ Email: _____
School: _____	Grade: _____	Allergies: _____	Medication: _____

ABOUT YOUR FAMILY

Parent/Guardian Name(s): _____ Phone#: _____

Family Members: _____

GETTING READY FOR YOUR SESSION: Your answers will help us understand and work with you in the session.

1. What problem would be most helpful to talk about today?

2. What is it like when this problem is around?

3. How long has this problem been around?

- 1 - 3 months in the last year longer than a year

4. Are you at any risk of hurting yourself or others: Yes No

5. If **1 is the WORST** and **10 is the BEST**, how are things in your life today? (please circle your response)

WORST.....									BEST
1	2	3	4	5	6	7	8	9	10

6. What would be the best thing that could happen in this meeting today?

7. What would someone else like about you if they had a lot of time to get to know you? It is okay to guess.

8. Is there anything you feel is important for us to know about your family's culture, ethnicity, religion, language, gender identity, sexual orientation, mental or physical health, or other?
