



**Talk-In Clinic Registration Form
Youth Questionnaire (12 years old and older)**

Today's Date: _____

Youth's Name (required):	
Date of Birth (required):	
School / Grade:	
Address:	
Phone number:	
Can we leave a message at this number?	<input type="checkbox"/> YES <input type="checkbox"/> NO
Parent / Guardian name & phone number (optional)	
Youth lives with:	
Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> other

1. Have you been to the Talk-In Clinic before? YES NO
2. Have you received services from Vanier Children's Services? YES NO
3. Have you received services from Craigwood Youth Services? YES NO
4. How did you hear about the talk-in clinic?

5. What would you like help with today?

6. If 1 is the worst and 10 is the best, how are things in your life today?
a. Worst 😞 1 2 3 4 5 6 7 8 9 10 😊 Best

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

8. Are you currently at any risk of harm to yourself and others? YES NO
If yes are you able to explain: _____

9. What would we like and respect most about you if we had a lot of time to get to know you?

10. Is there anything you feel is important for us to know about your gender, culture, ethnicity, race, sexual orientation, physical and mental abilities, religious beliefs, or other?

Thank You!