



**69 Eastern Avenue, P.O. Box 1306**  
**Haliburton, Ontario, K0M 1S0**  
**Telephone: (705) 457-5345 • (705) 286-2191**  
**Fax: (705) 457-3492**  
[www.pointintime.ca](http://www.pointintime.ca)  
**Email: info@pointintime.ca**

**SINGLE SESSION CLINIC**  
**CLIENT QUESTIONNAIRE – PARENT/GUARDIAN**

Date: \_\_\_/\_\_\_/\_\_\_  
YR MO DY

Child's name: \_\_\_\_\_  
First Last

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_  
YR MO DY

Address: \_\_\_\_\_ Phone: H \_\_\_\_\_  Message okay?  
city postal code

Family members: \_\_\_\_\_ Ages: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Information - Parent/Guardian 1:**

Name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_  
YR MO DY

Address: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Phone: (H) \_\_\_\_\_  Message okay?  
 okay?  
 (B) \_\_\_\_\_  Message okay?  
 okay?  
 (C) \_\_\_\_\_  Message okay?  
 okay?

**Information - Parent/Guardian 2:**

Name: \_\_\_\_\_

Relation to child: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_  
YR MO DY

Address: \_\_\_\_\_

Phone: (H) \_\_\_\_\_  Message  
 okay?  
 (B) \_\_\_\_\_  Message  
 okay?  
 (C) \_\_\_\_\_  Message  
 okay?

Child's Legal Guardian: \_\_\_\_\_ Child lives with:  
\_\_\_\_\_

Are you currently involved in any legal process regarding custody and access?  YES  NO

Is there a legal custody agreement?  YES  NO

Custody Type \_\_\_\_\_ (A-Sole Custody Mother, B-Sole Custody Father, C-Joint Custody, D-Interim, E-Other (explain))

\*If C-Joint Custody, is the other custodial parent aware that you have brought your child today and that you are seeking services at PinT?  Yes  No

\*If E-Other, Please explain: \_\_\_\_\_

1. Has your child or family received services from our agency in the past or have you ever contacted our Crisis Service?  YES Date: \_\_\_\_\_  NO

2. Who referred you to this clinic? \_\_\_\_\_

3. List any other services involved: \_\_\_\_\_

4. Are you, your child, or anyone with you, at risk of harm to self or to others?  
 YES Who: \_\_\_\_\_  NO

1. What concerns have brought you here today?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

3. How does this problem affect:  
a.) you?  
\_\_\_\_\_

b.) your children?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. What would be important for us to know about the background of this problem?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. What would be most helpful to talk about in this meeting today?  
\_\_\_\_\_  
\_\_\_\_\_

---

6. How will you know when you have achieved the changes you desire?

---

---

---

7. Remember a problem that happened any time in your life that you resolved in such a way that left you feeling proud of yourself. What did you do that you felt proud of?

---

---

---

8. a) What would someone else come to admire and respect most about you if they had months or years to get to know you? It's OK to guess.

---

---

---

8. b) What would someone else come to admire and respect most about your child if they had months or years to get to know them? It's OK to guess.

---

---

---

9. 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, gender identity/expression, mental or physical health, or other?

---

---

---