



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
Email: info@pointintime.ca

SINGLE SESSION CLINIC
CLIENT QUESTIONNAIRE – YOUTH (12 & OLDER)

Date: ___/___/___
YR MO DY

Name: _____ Gender Identity: _____
First Last

Date of Birth ___/___/___
YR MO DY

Address: _____ Phone#: _____ Message okay?
_____ Cell #: _____ Message okay?
city postal code

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

Family Members: _____

School: _____ Grade: _____

Youth lives with: _____

*Address if different from above: _____

1. Have you received services from our in the past or have you ever contacted our Crisis Service before?
 YES Date: _____ NO

2. Why have you come today?

3. 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

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

5. What is the one problem that seems most important to work on now?

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

7. Are you currently at any risk of harm to yourself or to others? YES NO

8. What would someone else like and respect most about you if they had a lot of time to get to know you?

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?
