



**New Path Walk-In Clinic
Parent/Guardian Questionnaire**

Child/Youth Name: _____ **Date:** _____

Parent/Guardian Name(s): _____

1. What concern has brought you here today?

2. How does this concern affect:

a.) The adults? _____

b.) The child/youth? _____

3. What would be most helpful to talk about in this meeting today?

4. 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 ☺

5. What will be an indicator for you that things are starting to improve?

6. a) What would someone else say your strengths are?

b) What would someone else say your child's strengths are?

7. Are you, your child, or anyone with you, at risk of harm to self or to others?

Yes Who: _____
 No

8. 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, mental or physical health, or other?
