



**New Path Walk-In Clinic
Information Sheet**

Child/Youth Name: First _____ Last _____ Date: ____/____/____
MM DD YYYY

Child/Youth DOB: ____/____/____ Preferred Pronoun: _____
MM DD YYYY

Parent/Guardian Name(s): _____ Preferred Language: _____

Best Contact #: _____ Permission to contact via Phone: Yes No
Permission to Leave Message: Yes No

Address: _____
City/Town Postal Code

Please list caregivers and siblings to the child/youth:

Name	DOB (MM/DD/YYYY)	Relationship to child/youth	Primary Residence with Child/Youth?	Custody?
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

If you are the parent/guardian bringing the child/youth in today, does the other custodial parent know you are attending the Walk-In Clinic and do you have their approval?
 Yes No If no, we cannot continue with services today.

Please turn page over

Please indicate if your child/youth has a medical condition or mental health diagnosis.

- my child/youth does not have a medical condition or mental health diagnosis
- my child/youth has a medical condition – Please list below
- my child/youth has a mental health diagnosis – Please list below

Please indicate from the list below when you last attended a New Path Walk-In Clinic.

- I have not attended a New Path Walk-In Clinic before
- within the last 3 months
- 3 – 6 months ago
- 6 – 12 months ago
- more than a year ago

Please list other mental health agencies from which you are currently receiving services or are waiting for services:

Please list other agencies from which you received mental health services or supports in the past 2 years:

Who referred you to New Path Youth and Family Services?

Please turn page over

We value diversity and want to ensure our services are fitting your needs. We ask that you complete the following questions:

Gender identity of Child/Youth:

- Male
- Female
- Intersex
- Transgender
- Gender non-specific
- Two-spirit
- None of the above – please specify _____

*Gender identity is an Ontario Human Rights code ground. These data elements are aligned with terminology used in the Ontario Human Rights Commission's Policy on preventing discrimination because of gender identity and gender expression.

Which racial group do you identify as (check all that apply)

- Aboriginal
 - First Nations
 - Metis
 - Inuit
- Arab
- Black
 - Canadian/American
 - African
 - Caribbean
 - None of the above – please specify _____
- Caucasian
- Filipino
- Japanese
- Korean
- Latin American
- Chinese
- South Asian
 - East Indian
 - Pakistani
 - Sri Lankan
 - None of the above – please specify _____

Please turn page over

- Southeast Asian
 - Vietnamese
 - Cambodian
 - Malaysian
 - Laotian
 - None of the above – please specify _____

- West Asian
 - Iranian
 - Afghan
 - None of the above – please specify _____