

Walk-In Clinic Demographic Information

Please provide the following information for our records. Your responses will let us open a file and help us get right to work helping you.

Today's Date: DD / MM / YY		Child/Youth is now or have been a client of the Maltby Centre (formerly Pathways) in the past. <input type="checkbox"/> No <input type="checkbox"/> Yes ID#: Admin only	
Child/Youth's Last Name:		Child/Youth's First Name:	
Child/Youth's Date of Birth: DD / MM / YY		Child/Youth's Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> O	
Alias/Preferred Name (if applicable):		Pronouns: <input type="checkbox"/> He/him <input type="checkbox"/> She/her <input type="checkbox"/> They/them <input type="checkbox"/> Other (please specify):	
Address: Number Street		City/Town Postal Code	
Phone Number:		May leave a phone message <input type="checkbox"/> Yes <input type="checkbox"/> No	
Email:		May contact by email (service info only) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Child/Youth's School:			Grade:
Primary Language: <input type="checkbox"/> English <input type="checkbox"/> French <input type="checkbox"/> Other _____			
I am <input type="checkbox"/> Youth 12 years or older <input type="checkbox"/> Parent(s) or guardian(s) of the child or youth named above			

Please note if you are a youth 12 years or older you do not have to inform your parent/guardian of service and you may skip the following section and the custody section if you wish.

Parent/Guardian & Family Information	
Please list the child/youth's parent/guardian.	
Parent/Guardian Name(s):	
Relationship to Child/Youth:	
Address: <input type="checkbox"/> Same as client	
Phone Number: <input type="checkbox"/> Same as client	
Email: <input type="checkbox"/> Same as client	
Child's Legal Guardian:	Child Lives With:

Please list family members and their ages:

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 Maltby Centre?** Yes No