

## Walk In Clinic – Youth Form

Please answer the below questions the best you can. Your responses will help your counsellor guide the session.

<b>Name:</b>
<b>1. Who is participating in the session today? (e.g. Just me, mom, dad, friend, partner, etc.)</b>
<b>2. Why have you come in today?</b>
<b>3. If 1 is the worst and 10 is the best, how are things in your life today? <i>Please circle a number.</i></b> Worst ☹️ 1    2    3    4    5    6    7    8    9    10 ☺️ Best
<b>4. What would be the best thing that could happen today in this meeting?</b>
<b>5. 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?</b>
<b>I agree to this walk-in counselling session. <input type="checkbox"/>Yes <input type="checkbox"/>No</b> <b>I have been given a copy of the Maltby Centre Client Services Booklet and understand the risks and benefits of counselling. <input type="checkbox"/>Yes <input type="checkbox"/>No</b>
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">           _____  <b>Signature</b> </div> <div style="width: 45%;">           _____  <b>Date</b> </div> </div>