

## **"THE TALK-IN CLINIC" CLIENT INFORMATION SHEET**

### **Welcome To Our Talk-In Clinic:**

This clinic provides quick access to single-session counseling services for families with children from birth up to 18 years of age. It also is the main "gateway" into other services at Children's Mental Health. Please see our brochure for more details.

Please complete the questionnaire(s) you were given by the Receptionist while waiting for the next available counselor. If the service area is busy, the Receptionist can give you an estimate of the waiting time. The counseling session will be about one hour long. The focus of the session is based on what you want from the meeting. Although many people find one session is enough, you may return to the Talk-In Clinic at any time even while you are on a wait list for services here.

### **Parent Involvement:**

We believe that to help a child we must work in partnership with parents. This is true for youth, as well. However, youth 12 years of age or over have the legal right to private, confidential counseling although we usually encourage involvement of parents.

### **Client Files:**

Each child/youth and family we see has his/her own file. The file may contain any of the following: information you have given us; written consents; correspondence received and sent for you; Talk-In questionnaires and Summary Report; Consent to Treatment; and the Confidentiality Statement. If you go on for further service, all information gathered at intake, assessment and/or treatment would then also become part of the file. You have the right to access your/your child's personal health information, which includes the client file.

### **Rights and Responsibilities:**

We believe that as a client, you have certain rights and responsibilities. These include the right to confidentiality; to be treated with respect, honesty, and integrity; to receive competent and effective services; to withdraw from services at any time; to inform your counselor of any complaints about your/your child's services, to review your/your child's file with your/your child's counselor; to add information to the file that you may feel is important; and to request the correction of any factual errors in your/your child's file.

### **Treatment Planning:**

All clients have the right to participate in assessment and treatment planning. At Children's Mental Health, we support you in voicing your treatment needs or desires and taking an active role in the creation of treatment goals. Treatment goals can be revised as needed.

### **Evaluation:**

We also ask parents and youth who have used the service at our Talk-In Counseling Clinic to let us know what you thought of the service. The clinician you see will give you a "[Talk-In Clinic Client Evaluation](#)" form. Please try to complete this form at the end of your session and before you leave our office. In the event that you cannot do this, please mail it back to us with the questions completed as soon as you are able. It is very important that you give feedback that may assist us to modify, sustain or expand this service.

### **Confidentiality:**

Services at Children's Mental Health are confidential, although there are exceptions when we must, by law, release information. The clinician who sees you will review these exceptions with you at the beginning of the session and ask you to sign a form indicating that you understand these, as well as another form agreeing to be involved in treatment (a single session at the Talk-In Clinic is treatment in this case). Your written consent is required to release information to persons outside this agency. **The exception to this agreement is our legal requirement to report suspicions of child abuse, or a child in need of protection to Child Protection Services or if subpoenaed, to provide information through a Court Order. The final exception to this agreement (when we must release information without consent) is to inform someone in authority if a family member is in imminent danger of hurting him/herself or others.**

### **Cost:**

Our services are funded by the Ministry of Child & Youth Service and the Ministry of Health. Dufferin Child and Family Services is a registered charity and we appreciate donations to help fund special activities such as camps and tutoring. Donations exceeding \$10.00 to the Dufferin Children's Fund will receive a tax receipt.

### **Diversity:**

Dufferin Child and Family Services recognizes, welcomes and accepts the diversity of our clients and their families with respect to race, national or ethnic ancestry, place of origin, colour, religion, citizenship, creed, gender, sexual orientation, age, marital status, family status, mental or physical disability, or language. If you require services in a language other than English, we will make every effort to accommodate you.

### **Problems/Complaint Process:**

Do you have a complaint? If you do, we want to hear about it. Dufferin Child and Family Services has a process for you to raise concerns about any aspect of the services we provide. If you would like more information about our complaint process please ask your Clinician or pick up our pamphlet "*When We Disagree: A Guide to DCAFS Complaint Process*" from our office.

## "THE TALK-IN CLINIC"

### CLIENT QUESTIONNAIRE – PARENT/GUARDIAN

*Please fill in all fields*

Parent/Guardian Name: \_\_\_\_\_ Today's Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
DY MO YR

Child's Name (print below): Gender: \_\_\_\_\_

1) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ School: \_\_\_\_\_ GR \_\_\_\_  
YR MO DY

2) \_\_\_\_\_ DOB \_\_\_\_/\_\_\_\_/\_\_\_\_ Age \_\_\_\_ School: \_\_\_\_\_ GR \_\_\_\_  
YR MO DY

Address: \_\_\_\_\_ Phone: H \_\_\_\_\_  Message okay?  
B \_\_\_\_\_  Message okay?  
C \_\_\_\_\_  Message okay?  
\_\_\_\_\_ town \_\_\_\_\_ postal code

Family members: \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY)  
*(first & last names & relationship to client)* \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY)  
 \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY)  
 \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY)  
 \_\_\_\_\_ DOB: \_\_\_\_\_ (DD/MM/YY)

Child's Legal Guardian: \_\_\_\_\_ Lives with: \_\_\_\_\_

Are you currently involved in any legal process regarding custody and access:  Yes  No

Is there a legal custody agreement?  Yes  No  N/A

If Yes: Custody Type: \_\_\_\_ (A–Sole Custody Mother, B–Sole Custody Father, C–Joint Custody, D–Interim, E–Guardian, F–Other (explain))

If 'F' – Other, please explain: \_\_\_\_\_

1. Has your child or family received services from our agency, Children's Mental Health Services, in the past or have you ever contacted our Crisis Services?  
 Yes, Date: \_\_\_\_\_  No

2. **Who referred you to this clinic?** \_\_\_\_\_  
 \_\_\_\_\_

3. List any other services involved at this time: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. Are you, your child, or anyone with you, at risk of harm to self or to others?  
 Yes, Who: \_\_\_\_\_  No

5. What concerns have brought you here today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. 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

7. How does this problem affect:  
a) you? \_\_\_\_\_  
b) your children? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. What would be important for us to know about the background of this problem? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. What would be most helpful to talk about in this meeting today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. How will you know when you have achieved the changes you desire? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

11. Remember a problem that happened any time in your life that you resolved in such a way that left you feeling proud of yourself. What did you do that you felt proud of? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

12. a) What would someone else come to admire and respect most about you if they had months or years to get to know you? It's OK to guess. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b) What would someone else come to admire and respect most about your child if they had months or years to get to know them? It's OK to guess. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



## Talk-In Clinic

### Questions about your Goals - Parent

Directions: Please read each item carefully. Using the scale shown below, please put an X in the box that best describes how you think about yourself right now. Take a few moments to focus on yourself and what is going on in your life at this moment. Once you have this "here and now" mind set, go ahead and answer each item according to the following scale:

		Definitely False	Mostly False	Somewhat False	Slightly False	Slightly True	Somewhat True	Mostly True	Definitely True
1	I can think of many ways to get out of a jam.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	I energetically pursue my goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	I feel tired most of the time.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	There are lots of ways around any problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	I am easily downed in an argument.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	I can think of many ways to get the things in life that are most important to me.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	I worry about my health.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Even when others get discouraged, I know I can find a way to solve the problem.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	My past experiences have prepared me well for my future.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	I've been pretty successful in life.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	I usually find myself worrying about something.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	I meet the goals that I have set for myself.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>