

LYSA WEBB, MA LPC

5319 SW Westgate Drive Suite #211-A Portland, Oregon 97221
503-515-2940

Additional Intake Information

Does your child experience any academic problems while in school? _____

If yes, please explain: _____

What was the last year of school your child completed? _____

Who is in your child's social network? (i.e. friends, relatives, other adults, etc.) _____

List the names and ages of client's siblings (include half-siblings, step-siblings, biological, etc):

Name: Age: Relationship (step/half/bio/etc): Lives with:

1. _____

2. _____

3. _____

4. _____

If a minor, with whom does the child live with majority of the time: (circle one)

Both bio parents bio mother bio father stepmother stepfather grandparents

other relative other guardian foster care/DHS custody

What is your relationship like with your child? _____

What is your child's relationship like with his/her siblings? _____

What activities or hobbies does your child participate in? _____

How much screen time does your spend each day between social media, searching the web, on-line chatting and/or gaming, school work, etc.? _____

Child's name: _____ DOB: _____

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Has your child been in therapy before? YES NO When? _____

Did you find therapy helpful or not helpful? YES NO Please explain: _____

Please list your therapy goals: _____

Anything else you would like me to know about your child and/or your family? _____

Thank you so much for taking the time to fill this information out!

Child's name: _____ DOB: _____