

*Patricia Cannon, MA, LMHC
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Child's Name: _____

D. of Birth: _____

Address: _____

Home Phone: _____ **Work Phone:** _____

Cell Phone: _____

Who referred? _____

Why are you seeking counseling for your child at this time?

How long have you seen this as a problem and how have you tried to solve it?

What do you hope will be the outcome of our work together?

Thank you for choosing to work with me.