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**CHILD INTAKE**

Name of Child: \_\_\_\_\_ Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Child's email: \_\_\_\_\_ Child's Cell No.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Mother's Address: \_\_\_\_\_

Mother's email: \_\_\_\_\_ Mother's SSN: \_\_\_\_\_

Mother's Cell No.: \_\_\_\_\_ Mother's Home or Work No.: \_\_\_\_\_

Mother's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father's Address: \_\_\_\_\_

Father's email: \_\_\_\_\_ Father's SSN: \_\_\_\_\_

Father's Cell No.: \_\_\_\_\_ Father's Home or Work No.: \_\_\_\_\_

Father's Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Siblings (Name/Age) \_\_\_\_\_

Party/Parties Responsible for Payment: \_\_\_\_\_

Referral Source: \_\_\_\_\_

Reason for Appointment: \_\_\_\_\_