Laurie Leventhal-Belfer, Ph.D.

4275 Los Palos Ave, Palo Alto, CA 94306 Licensed Psychologist PSY 13235
Phone (650) 322 - 4431 Email DrLaurieLB@gmail.com Fax: 650-493-1754
NPI 45-2445274

Adult Intake Form

Name:____**Birthdate:** ____________ **Age:**________

Address:____

Telephone: Home:_________________________________ **Cell:**_____________________________

Occupation:________________________________ **Highest Grade/Degree**__________________

Relationship Status/History:

Partner's Name:______________________________ **Age:**______ **Occupation:**________________

Person and Number(s) to call in case of emergency__________________________________

____

Children/Step/Grandchildren (names and ages):

____

____

Siblings:(names/ages/locations):_

____

____

____

Referred by (name/phone#):____

Medical Doctor: ____

Past/Present medical issues:____

____

Presenting Problem:____

Adult Intake Form (page 2)

Past/Present Counseling/Psychotherapy:____

Therapist:____

Initial Reason: ____

Outcome:____

History of Child Abuse - yourself/in your family? _________________________________

____

Past/ Present Drug, Alcohol use/abuse-yourself?_________________________________

In your family?____

Family history of: Mental Illness, Depression, Anxiety, Violence, Suicide?

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Please use the bottom and back of this page for more space if there is any other information that you would like to add.

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