

# Laurie Leventhal - Belfer, Ph.D.



4275 Los Palos Avenue ♦ Palo Alto, CA 94306 ♦ Licensed Psychologist ♦ PSY 13235

Phone (650) 322 - 4431 ♦ Email Dr.LaurieLB@gmail.com

## Intake Form

**Child's Name** \_\_\_\_\_ **Age** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_

**Siblings Names & Age** \_\_\_\_\_

**Parent/Guardian 1 Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Phone #s: Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Highest Education completed** \_\_\_\_\_

**Health: Good** \_\_\_\_\_ **Fair** \_\_\_\_\_ **Poor** \_\_\_\_\_

**Please Explain** \_\_\_\_\_

**Parent/Guardian 2 Name:** \_\_\_\_\_ **Age** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **Zip** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Phone #s: Home** \_\_\_\_\_ **Work** \_\_\_\_\_ **Cell** \_\_\_\_\_

**Occupation** \_\_\_\_\_ **Highest Education completed** \_\_\_\_\_

**Health: Good** \_\_\_\_\_ **Fair** \_\_\_\_\_ **Poor** \_\_\_\_\_

**Please Explain** \_\_\_\_\_

**School** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Teacher** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Referring Clinician** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Pediatrician** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Presenting Issues** \_\_\_\_\_

\_\_\_\_\_