

**Lori Ben-Ezra, Ph. D. &
Associates Psychological Services, LLC**
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Date _____

Name _____

Social Security Number _____

Address _____

Home Phone _____

Cell Phone _____

Date of Birth/Age _____

Gender _____

Marital Status _____

Education _____

Occupation _____

Email _____

Primary Care Physician & Phone Number

Psychiatrist and Phone Number

Current Medications

Describe your previous mental health treatment

Describe your current social support

Describe your purpose for seeking psychological services

Signed

Dated
