

Laura A. Zipris, Psy.D., LMHC, PA
561-558-7815

ASSESSMENT INTAKE FORM

Name of Person Completing form: _____ Relationship to child: _____ Childs Name: _____	Today's Date: 	Child's Date of Birth:
Address: 		Child's Grade:
Home#: 	Cell #: 	Work #
Email Address: 	Fax # 	Preferred contact #?
Is it OK to leave a message at preferred Contact #? 	Yes 	NO
Referred by: 	Telephone #: 	May I thank them: <div style="text-align: right;">Yes No</div>
Primary reason for seeking evaluation at this time? 		

I consent to a psychotherapeutic evaluation by Laura A. Zipris, Psy.D., LMHC, PA. I have received a client handbook outlining the office policies and agree with the terms stated therein. I have also received my Notice of Privacy Practices.

I agree to at least a 48 hour cancellation policy prior to any scheduled assessment appointment and realize that I will be responsible for payment at an hourly rate of \$135 if I do not inform Laura at least 48 hours in advance.

Signature **Date**