**Leslie R. Goehl, Ph.D.**

Licensed Clinical Psychologist

300 East Lancaster Ave

Suite 207

Wynnewood, PA 19096

Phone: 610-316-9590

Website: drgoehl.com

**Child Intake Form**

Date:

Child’s Name:

Date of Birth:

Parent /Guardian(s) Name:

Address:

Parent/Guardian/Significant other name(s):

Email:

Home phone:

Cell phone:

Permission to contact/leave message:

Text: Yes\_\_\_\_\_ No\_\_\_\_\_

Email: Yes\_\_\_\_\_ No\_\_\_\_\_

Phone: Yes\_\_\_\_\_ No\_\_\_\_\_

Primary Care Doctor: Phone:

Partner/Marital Status of parent/guardian:

Other children, ages:

Who lives in child’s home?

Occupational Status/Position of parent/guardian:

Current School and grade:

IEP/GIEP/504:

Referred by: