

**Client Intake Form - Shirley Kahenzadeh, LCSW - LCS 23427**

Name:	Date of Birth:
Address:	
Cell Phone:	Home Phone (if preferred):
How were you referred?	
Emergency Contact (name, phone, relationship):	

Health Insurance Company Name:	
Policy Holder's Name (if other than self):	
Health Insurance Policy Number:	Group Number:

Relevant Medical History (Health Conditions, Hospitalizations, Surgeries):
Current Medications & Prescribing Physician Info:
Have you ever been hospitalized for psychiatric reasons or substance use?      Yes      No
Name of Psychiatrist (if applicable):      Phone: