

## Fredric Provenzano, Ph.D., NCSP

*Private Practice in Psychology*

5506 33<sup>rd</sup> Ave. NE, suite D

Seattle, WA 98105

Fredric Provenzano, Ph.D., NCSP, *Psychologist, WA lic. #1022*  
Frances Douglass, Ph.D., NCSP, *Psychologist, WA lic. # PY603258636*  
Judith Ann Janesheski, B.A., *Psychometrist*  
Lauren Christophersen, *Office Coordinator*

Phone: 206/361-2343

Fax: 206/361-0353

### STUDENT & CHILD INTAKE

Today's date: \_\_\_\_\_ Referred by: \_\_\_\_\_

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Circle one: Male Female

Ethnicity: \_\_\_\_\_

Parent 1 Name: \_\_\_\_\_ Is this person the child's legal guardian? Yes No

Parent 1 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 1 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent 1 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Can you be called at work? Yes No

Parent 2 Name: \_\_\_\_\_ Is this person the child's legal guardian? Yes No

Parent 2 Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent 2 Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Parent 2 Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Can you be called at work? Yes No

Please list names of all persons who have legal authority to consent to psychological evaluation/treatment and/or release of records for this child:

\_\_\_\_\_

Child's Primary Care Physician: \_\_\_\_\_ Physician Phone: \_\_\_\_\_

Name of Emergency Contact: \_\_\_\_\_ Contact's Phone: \_\_\_\_\_

Please list below the name and address of the person who is the responsible billing party:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance Phone: \_\_\_\_\_

Insurance Co. Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Subscriber ID Number: \_\_\_\_\_ Group #: \_\_\_\_\_

Name of Subscriber: \_\_\_\_\_ Subscriber's Birthdate: \_\_\_\_\_