

Roy Elevazo & Associates

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INITIAL INTAKE FORM

Date: ____/____/____

NAME: _____ Phone #: _____

Email Address: _____

Birthdate: ____/____/____

Insurance: _____

Age: _____

Sex: _____

Current Weight: _____ Height: _____

How did you hear about Roy Elevazo & Associates?

Describe briefly your present symptoms and concerns:

Previous psychiatric diagnosis? Medications?

List Psychiatrist, Primary Physician or Therapist if applicable:

Any Medical or Comorbid diseases?
