



Leah Altemeier, Ph.D.
Licensed Psychologist
1818 Westlake Avenue N. Suite 419
Seattle, WA 98109

Phone: (206) 295-7974
www.leahaltemeier.com
leahaltemeier@gmail.com

ADOLESCENT & CHILD INTAKE

Today's date: _____ Referred by: _____

Child's Name: _____ Birthdate: _____ Age: _____

School: _____ Grade: _____ Circle one: Male Female

Parent's Name: _____ Is Parent this child's legal guardian? _____

Parent's Address: _____ City/State: _____ Zip: _____

Parent's Home Phone: _____ Cell Phone: _____ Email: _____

Parent's Employer: _____ Work Phone: _____

Acceptable means of communication (circle one): phone only email only phone or email Initials: _____

Parent's Name: _____ Is Parent this child's legal guardian? _____

Parent's Address: _____ City/State: _____ Zip: _____

Parent's Home Phone: _____ Cell Phone: _____ Email: _____

Parent's Employer: _____ Work Phone: _____

Acceptable means of communication (circle one): phone only email only phone or email Initials: _____

Please list names of all persons (usually parents or guardians) 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: _____