ALEXIS ROSENFELD, PH.D.
LICENSED/SCHOOL CERTIFIED PSYCHOLOGIST
CENTER FOR CHILD ASSESSMENT & THERAPY, MEDIA
221 NORTH OLIVE STREET
MEDIA, PA 19063
(215) 287-6694

Intake for Therapy or Consultation

Referral Source: _____ Date of Contact: _____

Name of Child/Client _____ Phone Number _____

Address _____ City _____ State _____ Zip _____

School _____ DOB _____ Age ____

Parent/Guardian _____ Age _____

Address (if different) _____ City _____ State _____ Zip ____

Phone (home) _____ Phone (work) _____ Phone (mobile) _____

Occupation _____ Education _____ Marital Status _____

Parent/Guardian _____ Age _____

Address (if different) _____ City _____ State _____ Zip ____

Phone (home) _____ Phone (work) _____ Phone (mobile) _____

Occupation _____ Education _____ Marital Status _____

Others Living in Household:

Name	Age	Sex	Relation to Client
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

Reason (s) for Referral: _____

_____