**Charlotte Reznick PhD**

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## INTAKE INFORMATION

Date

Your Name | Email Address

Home Address | City, State Zip

Home Phone | Work Phone | Cell Phone

## FAMILY COMPOSITION (Please list yourself and other members)

| | Name | Birthdate | Birthplace | Education | Occupation/School |
|---|---|---|---|---|---|
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* main person in treatment

## OTHER IMPORTANT ADDRESSES, PHONE NUMBERS, AND EMAILS

(eg: pediatrician, other parent, therapist)

## CONSENT TO TREATMENT

I/We, the undersigned, hereby consent to psychological treatment for myself and those minors listed above. In addition, I consent to use electronic records and signatures as outlined at www.imageryforkids.com/electronic-signature-disclosure

Signature | Print Name | Date