

Andrea Cohen, Psy.D.

New York Licensed Clinical Psychologist

Intake Form

Client Contact Information:

Name:

Address:

Phone:

Email:

Referral Source:

Presenting Concerns:

Medical, Mental Health, and Substance Abuse History:

Education/Work History:

Family and Relationship History:

Previous Therapy Experience (if any):

Additional Information you feel is important for me to know:

Therapy Goals: