
Leslie R. Goehl, Ph.D.
Licensed Clinical Psychologist
300 East Lancaster Ave
Suite 207
Wynnewood, PA 19096
Phone: 610-667-3785

# Client Intake Form

Date: _____

Name:_____

Date of Birth: _____

Address: _____

Parent/Guardian/Significant other name(s): _____

Email: _____

Home phone: _____

Cell phone: _____

Permission to contact/leave message:

Text: Yes_____ No_____

Email: Yes_____ No_____

Phone: Yes_____ No_____

Primary Care Doctor: _____ Phone:_____

Marital Status: _____

Occupational Status/Position: _____

Referred by: _____