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# INTAKE FORM

DATE \_\_\_\_\_, 2017

DX: \_\_\_\_\_  
(Doctors Use Only)

PLEASE PRINT

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Home Phone# \_\_\_\_\_ Cell# \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

SSN# \_\_\_\_\_ Birth Date \_\_\_\_\_

Email \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*\*\*

Insurance Company \_\_\_\_\_

ID# \_\_\_\_\_ Group# \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

\*\*\*If you are not the subscriber please fill in:

Subscriber's Name \_\_\_\_\_ Birth Date \_\_\_\_\_ SSN# \_\_\_\_\_

\*\*\*\*\*

Family Physician \_\_\_\_\_ Date of last visit \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_

List all Medications \_\_\_\_\_

Previous Therapist \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Address \_\_\_\_\_ Phone# \_\_\_\_\_

May I consult your previous therapist? Yes/No I was referred by \_\_\_\_\_

*Thank you for this information. The more I know, the more I can be of help to you*

# ASSIGNMENT OF BENEFITS AGREEMENT

I, \_\_\_\_\_, request that my insurance benefits be paid  
(print patient's name) directly to Kenneth Langlieb, PhD at the above address.

\_\_\_\_\_ I understand I am fully responsible for the copayment, deductible, and any  
(initials) services not covered by my insurance company.

\_\_\_\_\_ I understand that for any reason whatsoever, I am required to give forty-  
(initials) eight (48) hours notice for canceling my appointment.

\_\_\_\_\_ I have read the HIPPA information and understand that my information  
(initials) will remain confidential unless I give my expressed written consent for disclosure.

I agree to and understand all the above statements.

\_\_\_\_\_ Date \_\_\_\_\_ 2017  
(client signature)

\_\_\_\_\_ Date \_\_\_\_\_ 2017  
(witness)

There is a seven (7) day grace period in which to deliver insurance checks mailed directly to you that are due to Dr. Langlieb. Two percent (2%) monthly interest will be charged after grace period if not signed over to our office.

## **Suggestion for first session:**

If you think it may be helpful to gather your thoughts, sometimes writing down specific information about your concerns can be helpful, such as: medications, physical symptoms, specific dates of significant events, family tree, what is helpful vs what has been a trigger.