

Emily Cavell, PhD

Clinical Psychologist

11980 San Vicente Boulevard, Suite 612 Los Angeles, CA 90049
emilycavell.com

Please take a few moments to complete the following information. All information will be kept strictly confidential.

Name: _____

Date of Birth: _____ (mm/dd/yy)

Address: _____

Email: _____

May I email you? Y N

Work Phone: _____

Home Phone: _____

Cell Phone: _____

(Please indicate preferred contact number)

Emergency Contact: _____ **Relationship:** _____

Phone: _____

Primary Care Physician: _____

Phone: _____

Other Treatment Provider: _____

Phone: _____

Referred by: _____

Have you been in therapy before? Y N

With Whom: _____ **Phone:** _____

May I contact these providers to discuss your care? Y N

If yes, please sign and date:

x _____

Date: _____