

**Lesli J. Preuss, Ph.D**  
Licensed Child Psychologist  
(917) 697-2227

3921 Laurel Canyon Blvd.  
Studio City, CA 91604

6001 Chesebro Rd.  
Agoura Hills, CA 91301

**PATIENT INFORMATION SHEET**

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School Attended: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Father/ Parent/ Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Same as Child

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Mother/ Parent/ Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Same as Child

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Address To Which You Would Like Bill Sent:

Father/Parent/Guardian     Mother/Parent/Guardian

Other Address \_\_\_\_\_  
\_\_\_\_\_

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Would You Prefer Bill E-Mailed:  No  Yes - Email: \_\_\_\_\_

**For Office Use Only:**

Diagnosis: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Individual Therapy (CPT code: 90806)

Family Therapy (CPT code: 90847)

Group Therapy (CPT code: 90853)

Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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