

# Karla Benzl, M.D.

26131 Marguerite Pkwy Suite D/ Mission Viejo, CA 92692

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Phone: (949) 763-4040

Fax: (814) 402-7131

## Intake

This form is meant to optimize my communication with you as well as with other people who may be important to your treatment.

### Contact Information

Name	
Date of Birth	
Gender/Pronouns	
Address	
Email	
Preferred Phone Number(s)	
Emergency Contact (Name/Number)	
Pharmacy (Name, Address)	

### Prior Psychiatric Medications

Name	Start and End Dates	Reason for Stopping

### Current Medications

Name	

### Medical History

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## Prior Mental Health Professionals Involved in Your Care

Name	Type of Provider

## Medication Allergies

Allergy	Date of Reaction	Type of Reaction

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_