

Karla Benzl, M.D.

2102 Business Center Drive Suite 220K /Irvine, CA 92612
27001 La Paz Rd Suite 201/ Mission Viejo, CA 92691
Email: DrBenzl@karlabenzlmd.com
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	
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	

Karla Benzl, M.D.

2102 Business Center Drive Suite 220K /Irvine, CA 92612
27001 La Paz Rd Suite 201/ Mission Viejo, CA 92691
Email: DrBenzl@karlabenzlmd.com
Phone: (949) 763-4040
Fax: (814) 402-7131

Medical History

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: _____