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Today's Date \_\_\_\_\_

Client Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

\_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Other Phone: \_\_\_\_\_  
(PLEASE PLACE AN ASTERISK NEXT TO NUMBERS WHERE I MAY LEAVE MESSAGES FOR YOU)

Occupation: \_\_\_\_\_ Insurance: \_\_\_\_\_

Insurance ID: \_\_\_\_\_

Spouse: \_\_\_\_\_ Work Ph: \_\_\_\_\_ Other Ph: \_\_\_\_\_

Occupation: \_\_\_\_\_

Referred by: \_\_\_\_\_

Please give a brief description of the problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Has treatment been sought previously? Yes\_\_ No\_\_ With whom? \_\_\_\_\_

Whom may I contact in an emergency?

\_\_\_\_\_

Name

Phone

over

Significant Medical History (e.g., surgeries, hospitalizations): \_\_\_\_\_

\_\_\_\_\_

Current Medical Conditions:

\_\_\_\_\_

Allergies:

\_\_\_\_\_

Current Medications (including over the counter):

\_\_\_\_\_

Primary Care Physician:

\_\_\_\_\_

Alcohol use (freq.): \_\_\_\_\_ Cigarettes: \_\_\_\_\_ Are there guns in your home? (Yes/No)

Legal History (e.g., history of arrests or legal involvement, past or current): \_\_\_\_\_

\_\_\_\_\_

Please feel free to add any additional information below. We will also discuss the information you have provided.

Thank you