Cohen Psychological Health Providers

966 Hungerford Drive
Suite 32A
Rockville, Maryland 20850

New Patient Information

Date _____

Personal Information

Patient's Last Name		First Name	
Home Address			
City			
State			
Zip Code			
Home Telephone		Work Telephone	
Cell Telephone		Email	
Birthdate		Age	
Sex	☐ Male ☐ Female		

Relationship Status

☐ Single ☐ Partnered ☐ Divorced
☐ Married ☐ Separated ☐ Widowed

Communication

May I contact/leave a message on your:

Home Phone	☐ Yes ☐ No
Cell Phone	☐ Yes ☐ No
Work Phone	☐ Yes ☐ No
Email Address	☐ Yes ☐ No

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If the patient is a child/adolescent, please provide parents(s) contact information

Mother's Contact Information

Mother's Name		Work Phone	
Email Address		Cell Phone	

Father's Contact Information

Father's Name		Work Phone	
Email Address		Cell Phone	

How did you hear about Dr. Cohen?

May I include you on emails about periodic practice updates (no more than a few times per year?)
☐ Yes ☐ No

Employment Information

Employer Name	
Employer Address	

Previous Therapy

Have you been in therapy before?	☐ Yes ☐ No. If yes, when?
Who was your previous therapist?	
How long were you in therapy?	
Have you ever been evaluated by a psychiatrist for medication?	☐ Yes ☐ No
Psychiatrist Name?	
When?	
What was the reason?	
Current Medications & Dose	
Have you ever been hospitalized for mental health issues?	☐ Yes ☐ No If yes, Where? When? For How Long?

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Primary Care Doctor

Name	
Address	
Telephone Number	
Fax Number	
Email Address	

Primary Complaints At This Time

☐ Depression
☐ Substance Abuse
☐ Eating Problems
☐ Anxiety
☐ Sexual Dysfunction
☐ Panic Attacks
☐ Post-Traumatic Stress
☐ Relationship Problems
☐ Medical Crisis
☐ Grief/Loss
☐ Adjustment to new situation
☐ HIV/AIDS
☐ Suicidal/Homicidal thoughts
☐ Tic disorder
☐ Other

Are there any legal issues or court related issues related to your case? ☐ Yes ☐ No

If yes, please explain:

Emergency Contact Information

In case of emergency, who should I contact?

Name	
Home Phone	
Work Phone	
Cell Phone	
Relationship to Patient	